

FILED JUN 20 1944

Primary Registration District No. **6152**

Registrar's No. **17**

10300

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Stoddard

(b) City or town Rural, Bernie Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Suberly Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Rural (R#1, Bernie Mo.) 1030
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Florence Kelley

(b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1944 hour 10 minute 48, P.M.

21. I hereby certify that I attended the deceased from April 23, 1944, to May 18, 1944 that I last saw her alive on May 15, 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. F. Kelley 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: Jan 5 1910
(Month) (Day) (Year)

Immediate cause of death Hemorrhage of pregnancy & D. death before delivery Duration 6 Hrs

8. AGE: Years 34 Months 4 Days 13 If less than one day hr. _____ min. _____

Due to _____

Due to 1430

Other conditions Sarcoma of Rt Knee Amputation Feb - 43

9. Birthplace Mt. Vernon Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business See her home

12. Name W. R. Rich

13. Birthplace Lawrenceville Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Walter Highsmith

15. Birthplace Atchison Kansas
(City, town, or county) (State or foreign country)

Major findings: Sarcoma of Rt Knee Amputation Feb - 43

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant E. F. Kelley

(b) Address R#1, Bernie, Mo

17. (a) Burial (b) Date thereof May 20, 1944
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo.

18. (a) Signature of funeral director Susman Funeral Home

(b) Address Bernie Mo.

19. (a) 5-19-44 (b) Carole Miller
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature F. O. Kelley (M. D. or other) _____
Address Bernie Mo Date signed 5/19/44

RECEIVED

District Health Office No. 2,

District File Number 644-838

Date Filed 6-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
..... working under my personal supervision.

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.