

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 242

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1411 So. 10th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 So. 10th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Kelly
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month March day 1
year 1945 hour 11 minute 25 P. A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 6 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 28 1945 to March 1 1945
that I last saw u alive on March 1 1945
and that death occurred on the date and hour stated above.

8. **AGE:** Years 77 Months 9 Days 25
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Housekeeper

Other conditions arterio scl. gen
(Include pregnancy within 3 months of death)

11. Industry or business None
12. Name James Kelly
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Clifford
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

Major findings:
Of operations 43A
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant James J. Kelly
(b) Address 1411 So. 10th. St.
17. (a) Burial (b) Date thereof March 5, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Armand J. Sulejman
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 3-5-45 (b) Allen J. Trulle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Frank W. DeGren (M. D. or other) _____
Address 620 N. 2nd Date signed 3/2/45

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

MOTHER FATHER

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 *Herman J. J. J. J. J.*.....

Licensed Embalmer No. *12728*.....

P. O. Address *St. Joseph 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.