. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17199

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 193-3

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3105 Wisconsin Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Pineville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lora Ellen Kelley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John C. Kelley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 23, 1877 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Sherman (City, town, or county) Texas (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name S. W. King
13. Birthplace Barbersville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Amanda Hembree
15. Birthplace Barbersville (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Wade McFarland
(b) Address 3105 Wisconsin, Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/1/45 (Month) (Day) (Year)
(c) Place: burial or cremation Pineville, Missouri
18. (a) Signature of funeral director R. M. Humphrey
(b) Address Pineville, Missouri
19. (a) 5-3-45 (Date received local registrar) (b) Gertrude Duckhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1945 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Mar 10, 1945 to April 28, 1945 that I last saw her alive on April 27, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	3 wks.
Due to General carcinomatosis	not known
Due to Carcinoma of liver	not known
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations HOK	
Of autopsy Carcinoma of liver & general metastasis	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Joplin Mo Date signed 5-3-45

1204

(Licensed Embalmer's Statement on Reverse Side)

45-5-398

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.