

FILED MAY 10 1946

Registration District No. 6-2

Primary Registration District No. 2240

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Rural
(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 THERESA JANE 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 Rella Kelley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 10 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>4</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Massou Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Campbell

13. Birthplace Hauwk Co. Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Clark

15. Birthplace unknown Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Shirley Sturm
(b) Address Humansville, Mo.

17. (a) Rural (b) Date thereof April 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cem. Co. Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Humansville, Mo.
19. (a) 4-17-46 (b) Heneva Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17
year 1946 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from December 45 1945 to April 17 1946
that I last saw her alive on April 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
Of autopsy _____

Duration
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 0

23. Signature [Signature] (M. D. or other) MD
Address Humansville, Mo. Date signed 4/17/46

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

11442

RECEIVED

District No. 7

District File Number 4-46-402

Date Filed 5-9-46

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.....

By me

....., Registered Apprentice No.....

working under my personal supervision.

Signed *E. H. Perrin*.....

Licensed Embalmer No. *4282*.....

P. O. Address *Humansville, 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.