S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26502

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 263

1. PLACE OF DEATH:
(a) County: CAPE GIRARDEAU
(b) City or town: CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 DAYS (Specify whether years, months or days)
In this community: 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: CAPE GIR.
(c) City or town: CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No.: LEONORA APTS.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: MARY KELLY
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: WIDOWER
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: APRIL (Month) 19 (Day) 1864 (Year)

8. AGE: Years 82 Months 3 Days 13 If less than one day hr. min.

9. Birthplace: BENTON (City, town, or county) MO. (State or foreign country)
10. Usual occupation: HOUSE WIFE
11. Industry or business: HOME
FATHER 12. Name: JOHN POAST
13. Birthplace: SCOTT CO. (City or county) MO (State or foreign country)
MOTHER 14. Maiden name: CATHERINE SCHOEN
15. Birthplace: SCOTT CO. (City, town, or county) MO (State or foreign country)
16. (a) Informant: EMMETT KELLY
(b) Address: CAPE GIRARDEAU MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-4-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: MEMORIAL PARK
18. (a) Signature of funeral director: Walthers Und Co.
(b) Address: Cape Girardeau Mo.
19. (a) 8-5-1946 (Date received local registrar) (b) C. C. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 year 1946 hour 3 minute 05 P.M.
21. I hereby certify that I attended the deceased from June 2 1946 to Aug 2 1946 that I last saw him alive on Aug 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebro-vascular accident	1 yr
Due to: ✓	
Due to: ✓	
Other conditions (Include pregnancy within 3 months of death): ✓	
Major findings: Of operations: 13/W	
Of autopsy: ✓	

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? ✓
While at work? ✓ (Specify type of place) (e) Means of injury: 0
23. Signature: H. C. Ashlen (M. D. or other) MD
Address: Cape Girardeau Mo. Date signed: 8-4-46

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1941

RECEIVED

District Health Officer No. 4

District File Number 846-2501

Date Filed 8-12-46

SEP 27 1946

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 Virgil H. Welch

Licensed Embalmer No. #102

P. O. Address Cape Girardeau-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.