V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36005

Registration District No. 10 | Primary Registration District No. 3002 | Registrar's No. 175

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain County O
(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 ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ~~Audrain~~
(c) City or town ~~Mexico~~ St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3935 McPherson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Sheila Ann Kelly
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, married, widowed, divorced S
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Nov. (Month) 22 (Day) 1946 (Year)

8. AGE: Years ____ Months ____ Days ____ If less than one day ____ hr. 30 min.

9. Birthplace Mexico (City, town, or county) MO (State or foreign country)
10. Usual occupation ____
11. Industry or business ____

FATHER
12. Name Walter V. Kelly
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Kenna Lee Podson
15. Birthplace Centralia (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Father
(b) Address St. Louis, 3935 McPherson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Nicholas - St. Louis
18. (a) Signature of funeral director Thomas Jernigan
(b) Address Centralia, Mo.
19. (a) 12/3/46 (Date received local registrar) (b) B Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 46 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Nov 22, 1946 to Nov 22, 1946; that I last saw he alive on Nov 22, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
1) Congenital debility
2) Respiratory failure - body was inverted - had a heart beat for 5 minutes.
Due to ____
Due to ____
Other conditions — (Include pregnancy within 3 months of death)
Major findings:
Of operations —
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? (Specify type of place)
While at work? — (e) Means of injury O
23. Signature Harry F O'Rourke (M. D. or other)
Address Maryville Mo. Date signed Nov 23 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 12-46-224
Date Filed DEC 10 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 Grover Jennings

Licensed Embalmer No. 4270

P. O. Address Centralia, 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.