

FILED DEC 13 1946
Registration District No. **28**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREEN**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3109 Boonville 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **15 YEARS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GREEN 39**

(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL")

(d) Street No. **2109 Boonville 1**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY 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 **FRANCIS M. Kelley**

6. (c) Age of husband or wife if alive **Dec. 46** years

7. Birth date of deceased **July 25 1859**
(Month) (Day) (Year)

8. AGE: Years **87** Months **3** Days **21** If less than one day
hr. min.

9. Birthplace **MARYS Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John J. Hughes**

13. Birthplace **UNKNOWN Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY Helton**

15. Birthplace **UNKNOWN UNKNOWN 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs J.C. McSpade 1**

(b) Address **2411-N Boonville**

17. (a) **BURIAL** (b) Date thereof **NOV. 19-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FREEMAN-STECLAIR Co**

18. (a) Signature of funeral director **E.H. Johnson**

(b) Address **Humansville, Mo.**

19. (a) **11-19-46** (b) **W.S. Hensley MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16**
year **1946** hour **5** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **11-1** 19 **46** to **11-16** 19 **46**
that I last saw her **CL** alive on **11-10** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary-Renal Vascular Disease**

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) (Means of injury) _____

23. Signature **W.S. Hensley MD** (M. D. or other) **MD**

Address **Springfield Mo** Date signed **11-18-46**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

E. H. Pinner

Licensed Embalmer No. 4282

P. O. Address Sumnerville, N.Y.

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.