

FILED MAR 24 1947

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Pierce City
(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

Julia Kelahar

(b) If veteran, name war (c) Social Security No.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 15 1868
(Month) (Day) (Year)

8. AGE: 78 Years 4 Months 22 Days If less than one day (hr. min.)

9. Birthplace Huntington W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Cornelius Leahy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Regdy
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Kelahar
(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 3-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Patrick Cemetery

18. (a) Signature of funeral director William J. Wessell

(b) Address Pierce City Mo.

19. (a) 3-15-47 (b) F. W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6
year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 22, 1947 to Mar 6, 1947
that I last saw her alive on Mar 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
heart failure

Due to Femoral embolism of

Due to Coronary Fibrillation & hyperemic heart disease

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

Major findings:
Of operations 93D
Of autopsy 93D

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) no
(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) (c) Means of injury 0

23. Signature F. L. Edwards (M. D. or other)
Address Pierce City, Mo. Date signed Mar 8, 47

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

RECEIVED

District Health Officer No. 6,

District File Number 342-867

Date Filed MAR 24 1947

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.