

FILED SEP 11 1947
McClure 333

Registration District No. _____

Primary Registration District No. 3074

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Rural - Ripplands

(c) Name of hospital or institution: Sikeston General Hospital

(d) Length of stay: In hospital or institution 1 Hour

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Matthews

(d) Street No. _____

(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Carolyn Jean Kelso

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7 6 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16 year 1947 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug. 16 1947, to Aug. 16 1947 that I last saw her alive on Aug. 16 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

2 1 11 hr. min.

9. Birthplace Matthews Mo.

Immediate cause of death Fracture of the Skull

Due to Auto Accident

Other conditions: _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Rebel D. Kelso

13. Birthplace Fulton Miss.

14. Maiden name Willie Mae Raper

15. Birthplace Ratliff Miss.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

16. (a) Informant Rebel Kelso

(b) Address Matthews, Mo. R. F. D. #2

17. (a) Burial (b) Date thereof 8/18/47

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 9-4-47 (b) Mrs. J. G. Henry

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 100

(b) Date of occurrence Aug. 16 - 1947

(c) Where did injury occur? Highway 60

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Palaces Highway # 60

23. Signature James C. M. Clark Address Sikeston, Mo. Date signed 8/22/47

ran off Roadway

RECEIVED

District Health Office No. 2,

District File Number 947-1182

Date Filed 9-9-47

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 John A. Miller

Licensed Embalmer No. 2941

P. O. Address Superior Ave

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.