FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 22 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 30431

Registrar's No. 1097

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 124 S. 22nd Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not
(Specify whether
In this community 17 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 124 S. 22nd Street 7
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Ellen Kelley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Dudley S. Kelley

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

7. Birth date of deceased September (Month) 17 (Day) 1873 (Year)

8. AGE: Years 73 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Frankfort (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER / FATHER

12. Name Charles D. Hill

13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

14. Maiden name Asentha Kearby

15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Miss. Gertrude Kelley
(b) Address 124 S. 22nd St., St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept. 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Amity, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 9-13-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10th
year 1947 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 21, 1942 to Sept 10, 1947
that I last saw her alive on Sept. 10, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sarcoma of Uterus	1 YR.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Mitral Regurgitation	Dont Know
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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

23. Signature J. D. Dayton (M. D. or other) 0
Address 1923 Messanie St. Date signed 9-11-47
St. Joseph, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1928

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 Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.