

S. No. 2  
M-1/47  
7-5-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32006

State File No.

FILED OCT 6 1947

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 48

1. PLACE OF DEATH

(a) County Pemiscot

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

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

(d) Length of stay: In hospital or institution 4 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Hayti  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Laura Kellyfield

3. (b) If veteran name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25th  
year 1947 hour 11 minute 45 P. M.

4. Sex Female 3. Color or race negro

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 October 24 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-1-47 to 9-25-47  
that I last saw her alive on 9-20-47  
and that death occurred on the date and hour stated above.

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

80 11 1 hr. min.

Immediate cause of death Apoplexy

Due to Hypertension

Due to

9. Birthplace Gardis, Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 80%

Of autopsy

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Alma Shaw

(b) Address Hayti, Mo.

17. (a) Burial (b) Date thereof 9/28/47  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Hayti, Mo. County Cemetery

18. (a) Signature of funeral director Waltera Funeral Home

(b) Address Hayti, Mo. Box 929

19. (a) 9/30/47 (b) John W. Gorman  
(Date received local registrar) (Registrar's signature)

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 2)

23. Signature J. S. Masters (M. D. or other) 2)  
Address Hayti, Mo. Date signed 9-30-47

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

MOTHER FATHER

10-47-274

JAN 12 1948

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 W German*

Licensed Embalmer No. 4355

P. O. Address Dayton, Mo. Box 424

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.