S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32665

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8409

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis Children Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

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

(d) Street No. 704 Flucon Rd 2
(If rural, give location)

(e) Citizen of foreign country? NR no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Diane Lynn Kelley

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 1 (Day) 1947 (Year)

8. AGE: Years | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Desoto (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business Infant

FATHER
12. Name Allen Harris
13. Birthplace Crystal City (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rosie Lee Kelley
15. Birthplace Desoto (City, town, or county) Mo (State or foreign country)

16. (a) Informant Elsie Kelley Evans
(b) Address 704 Flucon Rd Desoto Mo

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

18. (a) Signature of funeral director Lee Mothershead
(b) Address Desoto Mo

19. (a) SEP 4 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3
year 1947 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7-5, 1947, to 9-3, 1947;
that I last saw her alive on 9-3, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculous otitis media and cervical lymphadenitis (tuberculous) — Duration

Due to Lungs not involved

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 [signature] (M. D. or other)

Address Desoto Kingsley Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.