. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

238
State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 174

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 5105 Pryor Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ETHEL DELANDA 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 Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 22, 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 9 Days 14 If less than one day hr. min.
9. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business None
FATHER 12. Name Samuel Lee Kelley
13. Birthplace Denver Colorado (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name Mary Morris
15. Birthplace St. Joseph, Missouri (City, town, or country) (State or foreign country)
16. (a) Informant Mary Kelley (mother)
(b) Address 5105 Pryor Ave., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cemetery
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) 2-11-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 38 J

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 6, year 1948 hour 10 minute :24 P.M.
21. I hereby certify that I attended the deceased from January 31, 1948 to February 6, 1948; that I last saw her alive on February 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	Over 2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Enteritis, acute (Cause Ukn)	Ukn.

Major findings:
Of operations
Of autopsy 119A

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 Wm. W. D. Craig (M. D. or other)
Address The Tootle Bldg. Date signed 2-9-48
St. Joseph, Missouri

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.....John E. Rupp

Licensed Embalmer No. 3986

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.