U. S. No. 2
DM—1/47
5-17-39

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 240

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 180

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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 639 N 8th Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Eight Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town New Hampton 0
(If outside city or town limits, write "RURAL")
(d) Street No. " " 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Eva Rosalie Kelly

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

4. Sex Female 1 — 5. Color or race White — 6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife James Kelly Deceased — 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 8 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	79	7	4	..... hr. ..... min.

9. Birthplace Harrison County (City, town, or county) MO U (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Thomas F Walton 1
13. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant H F Kelly 1
(b) Address 639 N 8 St St Joseph MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Foster Cemetry - New Hampton, Mo

18. (a) Signature of funeral director W H Noble
(b) Address New Hampton MO

19. (a) 2-13-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1948 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from Feb 9, 1948 to Feb 12, 1948 that I last saw her alive on Feb 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis General Uremia — Duration unknown 2 days.

Due to .....

Due to .....

Other conditions Chr. Nephritis Chr. Pan. unknown Sinusitis Chr. Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy None 13 B

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) 0
While at work? ..... (e) Means of injury .....

23. Signature E. M. Shores (M. D. or other) M.D.
Address 317 Kirkpatrick Bldg. St. Joseph Mo. Date signed 2-13-48

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 me, Registered Apprentice No. working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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: