

S. No. 2
-12-45
-17-39
X47070

FILED FEB 16 1948

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs 5 mos 27 days
(Specify whether years, months or days) 6 yrs 5 mos - 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 11
(c) City or town County Home (Rural) 1
(If outside city or town limits, write "RURAL")
(d) Street No. County Home 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME

Jennie Kelly

(b) If veteran name war Nil

(c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Nov 15 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>65</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Domestic

11. Industry or business County Home

12. Name Not given

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

14. Maiden name " " "

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

16. (a) Informant Hospital record

(b) Address St. Joseph, Mo.

17. (a) Autopsy (b) Date thereof 2-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkham, Mo.

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

(b) Address St. Joseph, Mo.

19. (a) 2-9-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1948 hour 11 minute 33 P.M.

21. I hereby certify that I attended the deceased from Jan 27 1947 to 2-3 1948
(that I last saw her alive on 2-3 1948
and that death occurred on the date and hour stated above.)

Immediate cause of death Carcinoma of stomach
Due to Gastric ulcers

Duration 2 or 3 months
5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

4-6B

Of autopsy

PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. B. Jenkins (M. D. optional)
Address State Hospital #7, St. Joseph, Mo. Date signed 2/9/48

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

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.....

Charles M. Harman, Registered Apprentice No. *450*

working under my personal supervision.

Signed.....

John Roy Stawey
Licensed Embalmer No. *2435*

P. O. Address.....
St. Joseph

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.