No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 295

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5783

State File No. 1810

Registrar's No.

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Iberia (Star Route)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No
In this community: All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller 66
(c) City or town: Iberia (Rural) 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: Martha Washington Kelsay
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M 0
5. Color or race: W
6. (a) Single, married, widowed, divorced: W
6. (b) Name of husband or wife: Billy Kelsay
6. (c) Age of husband or wife if alive: dec years
7. Birth date of deceased: July (Month) 21 (Day) 1861 (Year)

8. AGE: Years 86 Months 6 Days 5 If less than one day hr. min.

9. Birthplace: Miller (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: John Livingston 6
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary McCubbins
15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Willard Kelsay
(b) Address: Iberia, Mo. (Star Route)
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Hickory Point Cemetery
18. (a) Signature of funeral director: Walter E. Kerger
(b) Address: Iberia, Missouri
19. (a) Jan. 28-48 (Date received local registrar) (b) Jessie Perkins (Registrar's signature) 195

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 16, 1942 to Jan 26, 1948 that I last saw her alive on Jan 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 day
Due to:	
Due to:	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death) Aortic regurgitation	

Major findings:
Of operations: 0
Of autopsy: 0

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? 2
While at work? (Specify type of place) (e) Means of injury

23. Signature: M. M. A. Gould (M. D. or other) DC
Address: Iberia, Mo. Date signed 1/27/48

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~~ Walter P. Hedges Registered Apprentice No. ....., working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.