

FILED JAN 22 1948

State File No.

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Woodland Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
 (c) City or town Huntsville 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. Elm Street 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 1
 If yes, name country

3. (a) PRINT FULL NAME Ann Ellen (Nellie) Kelly

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 12 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>26</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name John C. Davis

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

14. Maiden name Prudence Bailey

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

16. (a) Informant Mrs. George Eberle

(b) Address Huntsville, Missouri

17. (a) (Burial, cremation, or removal) Huntsville, Missouri (b) Date thereof 1/9/1948
 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Tommy B. Patton

(b) Address Huntsville, Miss

19. (a) Dec 10-48 (b) Leah M. Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1948 hour 7:40 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 4 1948, to Jan 7 1948; that I last saw her alive on Jan 7 1948; and that death occurred on the date and hour stated above.

Immediate cause of death

INTESTINAL OBSTRUCTION 8 days
 Due to old hernia years

Due to

Other conditions Renal Failure 6 days
 (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy
 PHYSICIAN

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 Nenny K Baker (M. D. or other) M.D.

Address 208 1/2 N. 4th St. Date signed Jan 10 1948

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

MOTHER FATHER

RECEIVED
District Health Officer No.
District File Number 1-48-1
Date Filed JAN 19 1948

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 Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, Md

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.