. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1948

Registration District No. 59

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11810

Primary Registration District No. 4099

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 8 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

(c) City or town Pleasant Hill 2 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mildred Hazel Kelly

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 1 (Month) (Day) 1893 (Year)

8. AGE: Years 54 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kan 1 (State or foreign country)

10. Usual occupation Nursing

11. Industry or business

FATHER
12. Name George Isac Hamel
13. Birthplace Atchinson (City, town, or county) Kan (State or foreign country)

MOTHER
14. Maiden name Ida Roxana Murphy
15. Birthplace Atchinson (City, town, or county) Kan 1 (State or foreign country)

16. (a) Informant Harriett Hearock

(b) Address Pleasant Hill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director J. V. Herrick

(b) Address Pleasant Hill, Mo

19. (a) May 4 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 12 minute 40 a M.

21. I hereby certify that I attended the deceased from June, 1947, to April 30, 1948; that I last saw her alive on April 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Retroperitoneal

Due to Adenocarcinoma

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 1/6 1/4

Duration

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature J. L. Hearock (M. D. or other) D.O.

Address Pleasant Hill, Mo Date signed May 1 48

(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 J Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Pleasant Hill

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.