. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 4 1948

Registration District No. 333

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18394

Primary Registration District No. 3074

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 810 Raseney St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Sikeston Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 810 Ranney St. 2
(If rural, give location)

(e) Citizen of foreign country? Not No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME PATRICIA ALICE KELLETT

3. (b) If veteran, name war 1

3. (c) Social Security No. 2

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. A. Kellett

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

7. Birth date of deceased March (Month) 5 (Day) 1883 (Year)

8. AGE: Years 65 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Thayer, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Risner
13. Birthplace Kentuckey 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 11 9
(City, town, or county) (State or foreign country)

16. (a) Informant Son
(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 5-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memoral Park Cemetery

18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Missouri.

19. (a) 5-27-48 (b) Mrs T F Henry
(Date received local registrar) (Registrar's signature) 2 T 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 47, 19..., to death, 19...;
that I last saw her alive on 18 May 48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma, Gastric Type Not Known.	7
Due to: Metastasis, General.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46 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)
While at work? (e) Means of injury

23. Signature Chester J Mearis (M. D. ~~or other~~)
Address Sikeston Mo Date signed 5-26-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 648-707
Date Filed 2-1-48

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 William G. Tackett, Registered Apprentice No. 223 working under my personal supervision.

Signed James M. Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, 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.