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 NOV 1 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5013

State File No. 34894

Registrar's No. 280

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: Rural Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 miles North of Savannah
(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: life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew

(c) City or town: Rural Jackson
(If outside city or town limits, write "RURAL")

(d) Street No.: 8 miles North of Savannah
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: Susan Martha Kelly

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: William H. Kelly

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

7. Birth date of deceased: August (Month) 27 (Day) 1850 (Year)

8. AGE:

Years	Months	Days	If less than one day
98	1	24	____ hr. ____ min.

9. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: at home

11. Industry or business: ____

FATHER
12. Name: David Stevenson Beattie
13. Birthplace: unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Angeline Howell
15. Birthplace: Howard Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Mary Miller

(b) Address: Barnard, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Bennett Lane Cemetery

18. (a) Signature of funeral director: Heaton Brummer

(b) Address: St. Joseph, Mo.

19. (a) 10-23-48 (Date received local registrar) (b) Lillian Spark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1948 hour 2: minute A M.

21. I hereby certify that I attended the deceased from September, 1938, to Oct. 21, 1948 that I last saw her alive on October 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral apoplexy	
Due to:	
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 430	

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: V. R. Wilson M.D. (M. D. or other)

Address: Rosendale, Mo. Date signed: 10/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th, St. Joseph, 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.