

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37633  
Registrar's No. 116

Registration District No. 278 Primary Registration District No. 30545953

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Buffalo --- rural  
(c) Name of hospital or institution: R # I Louisiana, Missouri /  
(d) Length of stay: In hospital or institution Lifetime  
In this community Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary C. 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 Irving W. Kelly 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased October 12, 1872 (Month) (Day) (Year)

8. AGE: Years 76 Months I Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife - retired  
11. Industry or business Own Home

12. Name Frank Conrad St.  
13. Birthplace Austria (City, town, or county) (State or foreign country)  
14. Maiden name Mary Kleisner  
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Minor C. Kelly  
(b) Address R # I Louisiana, Mo.  
17. (a) Burial (b) Date thereof II/18/48 (Month) (Day) (Year)  
(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director George O. Wagner  
(b) Address Louisiana, Missouri  
19. (a) 11-18-48 (b) Bernice Collier (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike 82  
(c) City or town Rural -- Buffalo  
(d) Street No. R # I Louisiana, Missouri  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 16 year 1948 hour 6 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 8-6, 1948, to 11-16, 1948 that I last saw her alive on 12-16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure  
Due to Pulmonary Embolism  
Due to Atherosclerosis  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration  
6 hr  
19 1/2 hr  
4 yrs  
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?  
While at work (Specify type of place) (e) Means of injury  
23. Signature Chas H Lemellen (M. D.)  
Address Louisiana, Missouri Date signed 11-17-48

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

NOV 24 1948

RECEIVED  
District Health Office No. 10  
District File Number 11-48-2006  
Date Filed NOV 24 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 see box

~~working under my personal supervision~~ Registered Anatomist No. \_\_\_\_\_

Signed George O. Wagner  
Licensed Embalmer No. 3773

P. O. Address Louisiana, Missouri

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.