No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40887

FILED DEC 17 1948

Registration District No. 3045

Primary Registration District No. 3047

Registrar's No. 106

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3
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County NEWTON 73
(c) City or town Neosho 3
(If outside city or town limits, write "RURAL")
(d) Street No. 122 West Main Street
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary Amelia 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 Widow
6. (b) Name of husband or wife Micheal Jerome Kelly
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December (Month) 20 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	16	..... hr. ..... min.

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name FRANK JONES
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

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

16. (a) Informant PAUL J. Kelly
(b) Address Neosho, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ I.O.O.F. Cem Neosho
18. (a) Signature of funeral director Clark-Bigham Mort.
(b) Address 200 E. Spring Neosho, Mo.
19. (a) Dec. 9, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature) 993

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1948 hour 4:30 minute P.M.
21. I hereby certify that I attended the deceased from Nov ..... 1945, to Dec 6 1948
that I last saw her alive on Dec 5 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10 days
Due to Hypertension nephritis, Chronic	
Due to arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

131B

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 Harold C Kurtz (M. D. or other) MD
Address 113 W. Hickory, Neosho, Mo. Date signed 12/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

Newton C. Hatch
District Health Officer No. Mail
District File Number 1248-432
Date Filed 12-13-48

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed K. Ly — White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.