S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1943

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9747

Primary Registration District No. 3007

Registrar's No. 69

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carter
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country /

3. (a) PRINT FULL NAME Alice Kelley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Fred Kelley
6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAR (Month) 11 (Day) 1884 (Year)

8. AGE: Years 58 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Douglas Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Cicero Johnson
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name Hawkins
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Fred Kelley
(b) Address Clinton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Galla Mo.

18. (a) Signature of funeral director Leuthold Funeral Service
(b) Address Van Buren Mo.

19. (a) 3-21-43 (Date received local registrar) (b) Bella Stone (Registrar's signature)

92

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25 year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-14, 1943 to 2-25, 1943 that I last saw her alive on 2-25-43, 19... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Gangrene gall bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Operation	
Of autopsy	

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) no
(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 J. M. Hampton (M. D. or other)
Address Poplar Bluff Mo. Date signed

RECEIVED
District Health Office No. 2,
District File Number 343-412
Date Filed 3-30-43

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~~ 2-25-4...
...., Registered Apprentice No........................,
working under my personal supervision.

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Van Buren Ind.

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.