

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18813

State File No.

FILED JUN 10 1943 294

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution:
408 W Logan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 408 W Logan
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mary Ann 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..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: Ab1 15 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 | 1 | 16 | hr. min.

9. Birthplace: (City, town, or county) (State or foreign country)
MO

10. Usual occupation At home

11. Industry or business

12. Name Richard Morrissey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Dunn

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Connelly

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof May 20th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) 5-20-43 (b) Irma Hlave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1943 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 12, 43
....., 19....., to May 17, 1943

that I last saw him alive on May 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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, or farm, in industrial place, in public place?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J. P. Nibel (M. D. or other).....

Address Moberly, Mo Date signed.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 21 1944

JAN 20 1944

RECEIVED

District Health Officer No. 10

District File Number 6-43-1013

Date Filed JUN 8 1943

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.