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5-17-39
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41320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 14 1947
Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 158

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

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Madison
(c) City or town Fredericktown mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SACH ASBURY O'KELLEY
(b) If veteran, L name war _____
(c) Social Security No. 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 27
year 1946 hour 3 minute 25 P. M.
21. I hereby certify that I attended the deceased from 1946 to Dec 27
that I last saw him alive on Dec 27 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ROSE-ANN O'KELLEY
6. (c) Age of husband or wife if alive 100 years
7. Birth date of deceased June - 2 - 1861
(Month) (Day) (Year)

Immediate cause of death Major Pneumonia Duration 9 days
Due to _____
Due to _____

8. AGE: Years 85 Months 6 Days 25 If less than one day _____ hr. _____ min.

Other conditions Cardiac at this death unknown
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy 10

9. Birthplace Kingston - Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming - trading

11. Industry or business _____

12. Name Dr. T.K. O'Kelley

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

14. Maiden name Margaret Ann Copeland

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

16. (a) Informant Hattie Dennis

(b) Address Fredericktown, Mo

17. (a) buried (b) Date thereof 12-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton meth. cemetery

18. (a) Signature of funeral director Walt Hall

(b) Address Fredericktown Mo

19. (a) 1-7-1947 (b) Florence Beckel
(Date received local registrar) (Registrar's signature)

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 J. C. Clougher (M. D. or other)
Address Fredericktown Date signed Dec 28 '46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

40133

NY

RECEIVED

Health Officer No. 4
File Number 146-68
Date 1-13-47

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 John H. Keel

Licensed Embalmer No. 4264

P. O. Address Federicktown, 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.