

FEB 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3145

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 576  
 (b) Township Harrison Primary Registration District No. 6178A Registered No. 46  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellen Kelsay

(a) Residence, No. High Point Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Kelsay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2nd 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
75 4 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) .....  
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) California (STATE OR COUNTRY) Missouri.

13. NAME J. A. Hill  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Anna Campbell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Mary Medlin (ADDRESS) High Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. ? DATE Jan. 25th, 1939

19. FUNERAL DIRECTOR (NAME) G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 1924/ 19 39 Jewell W. Phillip Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1939, to Jan. 21 1939.  
 (Last saw her alive on Jan. 21 1939. Death is said to have occurred on the day stated above, at 4-10 m.  
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of death

Other contributory causes of importance:

Name of operation: ..... Date of: .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....  
 (Signed) Robt. E. Murrell 200  
 (Address) Russellville, Mo.  
508

Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**