

MAY 22 1939

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

15558
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 577
(b) Township Pocol Four Primary Registration District No. 5775 Registered No. 8
(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 H20 Susan Elizabeth Kelsay

(a) Residence, No. California, 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14th, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 1 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house maid
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, Missouri
(STATE OR COUNTRY)

13. NAME James Kelsay

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Grace Leslie

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Mrs. P. Jesse
(ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem DATE Apr. 17th, 1939

19. FUNERAL DIRECTOR (NAME) G. N. Steffens 509
(ADDRESS) Russellville, Mo.

20. FILED 4-20-39 Nadine Latham
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15th, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from _____ 19..... to..... 19.....
never

I last saw h. _____ alive on _____, 19..... Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Congestion of the lungs, with probably a lobar pneumonia

Date of onset

Other contributory causes of importance: 108

Name of operation None Date of _____
What test confirmed diagnosis? history Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) H. R. Popsby (Coroner), M. D.
California 2nd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

..... G.N. Steffens, Registered Apprentice No.
working under my personal supervision.

Signed G.N. Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville, 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, above space should be left blank.