

JAN 21 1938

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

46177
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
 (b) Township _____ Primary Registration District No. 5363
 (c) City Neosho (d) Street No. Sale-Bowman Hospital Registered No. 134
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice Penn Keller

(a) Residence, No. Seneca, Mo Rt 1 St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Fred F Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 3 15

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME John Rowland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER 15. MAIDEN NAME Harriet Rowland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Mrs Lottie Simpson
Denver, Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE Swars Prairie Cem 12/15/37

19. FUNERAL DIRECTOR (ADDRESS) The Bigham Mortuary
Neosho, Mo.

20. FILED 12-17, 1937 Oralassale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1937, to 12-12, 1937

I last saw her alive on 12-12, 1937. Death is said

to have occurred on the date stated above, at Neosho, Mo.

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

Apoplexy - left side
Hypertension
Chronic interstitial nephritis
 Date of onset 12/1

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Oralassale, M. D.
 (Address) Neosho, Mo

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, J.A. Bigham, Licensed Embalmer No. 2689

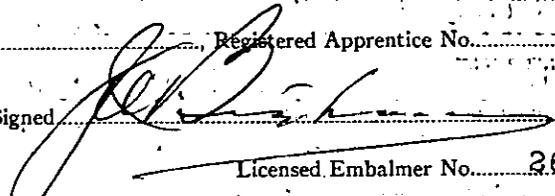
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Keith Collier

No. 3633 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2689

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.)