

REC'D JUN 9 1938

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

17351

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2048
(c) City K. C. Mo. (d) Street No. Research Hosp 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 John H. Keller 460

(a) Residence, No. 2105 Swift, No. K.C. 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 Male 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 Mary Alice Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1902

7. AGE YEARS 36 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.13. NAME John H Keller Sr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME Eda Lillian Mann's16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Mary Alice Keller
2105 Swift Ave No 10 E18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE May 17, 193819. FUNERAL DIRECTOR (ADDRESS) Morton Funeral Home
no houses city 210020. FILED May 17, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-38 19

22. I HEREBY CERTIFY, That I attended deceased from

19....., 19.....
I last saw h. Ally on Mary Alice Keller 19..... Death is said to have occurred on the date stated above, at 1:08 P.M.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: 167
Shot wound of left chest
Excavation of left lung
Hemorrhage left

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide suicide Date of injury 5-15-38Where did injury occur North C. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot self with aNature of injury revolver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes(Signed) Geo. H. Brown, M. D.(Address) Geo. H. Brown, 14 P. Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

L. E.....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)