

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

3067  
 Do not use this space.

REC'D FEB 24 1939

**1. PLACE OF DEATH**

(a) County Marion Registration District No. 548.  
 (b) Township Fabius Primary Registration District No. 5743. Registered No. 5.  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

4511 Mayme F. Keller  
 (a) Residence, No. Marion County 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry P. Keller

22. I HEREBY CERTIFY That I attended deceased from January 2, 1939, to Jan 16, 1939. I last saw her alive on Jan 15, 1939. Death is said to have occurred on the date stated above, at 12:45 am. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21 1877  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 0 25

Tubercular Pneumonia

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

105  
 Date of onset Jan 2, 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

Other contributory causes of importance: Dilatation of heart.

FATHER 13. NAME William McClelland  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

MOTHER 15. MAIDEN NAME Sarah Clark  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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.

17. INFORMANT (ADDRESS) Mrs. Earl Harrison  
LaGrange, Mo.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo.  
Greenwood Cem. DATE 1/17/39 19\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. L. C. Carr M. D.  
 (Address) La Grange, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Brown  
Palmyra, Mo.  
 20. FILED Jan 17, 1939 Leahude Lee  
 Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

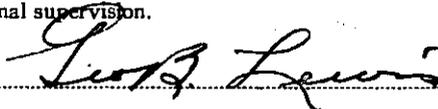
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Geo. B. Lewis

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed



Licensed Embalmer No. 23823

P. O. Address Palmyra, Mo.

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

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