

WRITE CLEARLY, WITH OR WITHOUT INK---THIS IS A PERMANENT RECORD

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.

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

10583
Do not use this space.

Gilman

REC'D APR 10 1939

1. PLACE OF DEATH *Cole*

(a) County *Cole* Registration District No. *213*

(b) Township *1* Primary Registration District No. *3014* Registered No. *91*

(c) City *Jefferson city* (d) Street No. *606 Washington* Registered No. *J.C. Mo. St.*

(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 *Martha Louise Keck*

(a) Residence, No. *606 Washington St.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*

4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ephraim Keck*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 29, 1859*

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. *80 2 1*

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

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) (STATE OR COUNTRY) *Jamestown, Mo.*

FATHER 13. NAME *Henry Schylze*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Friedricke Moell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Thomas E Keck* (ADDRESS) *Denver Colo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jamestown Mo* DATE *4/1/39*

19. FUNERAL DIRECTOR (NAME) *Buncher Funeral Home* (ADDRESS) *Jefferson City Mo.*

20. FILED *4/1/39* *D. W. B. Coffey M.O. 111* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-30 1939*

22. I HEREBY CERTIFY, That I attended deceased from *2-15, 1939*, to *3-30, 1939*

I last saw *her* alive on *3-30, 1939* Death is said to have occurred on the date stated above, at *6:30 A.M.*

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

Carcinoma of stomach.

Date of onset *1937*

Other contributory causes of importance: *4-1/2*

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

What test confirmed diagnosis? *Ray* 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? *no*

If so, specify.....

(Signed) *D. W. Gilman*, M. D.

Jefferson City Mo.

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,

Victor Buescher

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

J. C. 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.