

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

30308
Do not use this space.

REC'D SEP 15 1939

77
5
2

1. PLACE OF DEATH
(a) County Saline Registration District No. 796
(b) Township Marshall Primary Registration District No. 3038
(c) City Marshall (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Still Born Keller
(a) Residence, No. Fitzgibbons Hospital Marshall Mo (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August-14-39.

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Marshall, Mo

FATHER 13. NAME Joe Keller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napton, Saline Co, Mo.

MOTHER 15. MAIDEN NAME Anetia Leimkuehler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

17. INFORMANT Joe Keller
(ADDRESS) Gilliam Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater City Cemetery Aug 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jones & Salzer
Slater Mo

20. FILED 8-15-39 Mary Kent
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August-14-39

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 39 to Aug 14 39
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12.30 PM
The principal cause of death and related causes of importance were as follows:
Still Born

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) O. A. M. Turney, M. D.
(Address) Slater, Mo.

Date of onset _____

FILED
District Health Officer No. 8
District File Number
9/11/39
Date Filed

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____
P. O. Address _____

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.