

STANDARD CERTIFICATE OF DEATH

State File No.

36018

Registration District No.

293

Primary Registration District No.

4197

Registrar's No.

1. PLACE OF DEATH:

- (a) County Franklin
- (b) City or town Rural Boles Township
- (c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution
- XXXX

In this community 10 years (Specify whether years, months or days)3. (a) PRINT FULL NAME EDWARD H. KELLER 4603. (b) If veteran, name war no3. (c) Social Security No. none4. Sex Male 5. Color or race White6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife XX6. (c) Age of husband or wife if alive XXXX years7. Birth date of deceased April 6 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 6 18 hr. min.9. Birthplace Union Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Farm12. Name John Keller13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Affine Stohlman15. Birthplace Union Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Samuel Keller(b) Address Union, Missouri17. (a) Burial (b) Date thereof 10/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union, Missouri18. (a) Signature of funeral director John K. Thibbs(b) Address Pacific, Mo.19. (a) 10-26-39 (b) Mary B. Gross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin(c) City or town Rural Pacific, Missouri.
(If outside city or town limits, write "RURAL")(d) Street No. RFD #1
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th
year 1939 hour 1 o'clock minute 10 P. M.21. I hereby certify that I attended the deceased from October 9th 1939 to Oct. 24th 1939
that I last saw him alive on Oct. 24th 1939
and that death occurred on the date and hour stated above.Immediate cause of death ApoplexyDue to Hypertension Duration 2 daysDue to Chronic Interstitial Nephritis 3 yearsOther conditions Acute Appendicitis 1 year
(Include pregnancy within 3 months of death)Major findings: AppendicitisOf operation ✓Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓(b) Date of occurrence ✓(c) Where did injury occur? ✓
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓While at work? ✓ (Specify type of place) (e) Means of injury ✓23. Signature Frank B. Borking M. D. or other) ✓
Address Pacific, Mo. Date signed 10.25.39

Duration

2 days
3 years
3 years

PHYSICIAN

Underline the cause to which death should be charged statistically

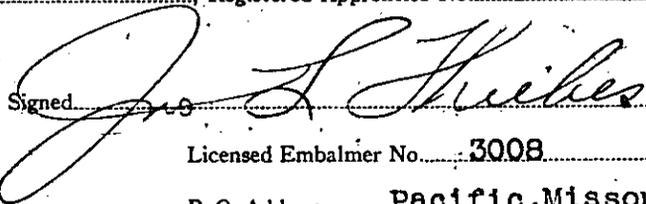
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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. 3008

P. O. Address Pacific, Missouri.

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.