

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

REC'D DEC 13 1939

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

39312  
Do not use this space.

1. PLACE OF DEATH  
(a) County Christian Registration District No. 183  
(b) Township Logan Primary Registration District No. 0233 Registered No. 19  
(c) City or ..... (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Mrs. Annie Keltner.  
(a) Residence, No. Brookline, Mo. R#1. 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 female 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 Fult Keltner.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1879  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66 1 12  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper  
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) Mo.  
FATHER 13. NAME M. C. McCroskey.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
MOTHER 15. MAIDEN NAME Priscilla Harris.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown.  
17. INFORMANT (ADDRESS) Mr. Fult Keltner Brookline, Mo. R#1.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Manly DATE Nov. 16, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. W. Maples, Clever, Mo.  
20. FILED Nov. 20, 1939 Ida B. Hawkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1939 to Nov 15, 1939  
I last saw her alive on Nov 15, 1939 Death is said to have occurred on the date stated above, at 8:10 A.M.  
The principal cause or causes of death and related causes of importance were as follows:  
Failure of Heart with a general lesion of Heart. Date of onset  
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? .....  
If so, specify .....  
(Signed) M. G. French M. D.  
(Address) Manly, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2565

Date Filed DEC 13 1939

A01:8

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**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

*J. H. Maples*

Licensed Embalmer No.

*2985*

P. O. Address

*Clever 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.**