

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

44234

Do not use this space.

1. PLACE OF DEATH

(a) County Demiscot Registration District No. 656
 (b) Township Cooter Primary Registration District No. 5873
 (c) City or Steele (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 61 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 325 Andrew J. Ketchum

(a) Residence, No. _____ 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 Male 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 Edna Ketchum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 1 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Steele
 (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME Elic Ketchum 9

14. BIRTHPLACE (CITY OR TOWN) D. K. 9
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Joyce

16. BIRTHPLACE (CITY OR TOWN) D. K.
 (STATE OR COUNTRY)

17. INFORMANT Paul Ketchum
 (ADDRESS) Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem. DATE Nov. 31 1939

19. FUNERAL DIRECTOR (NAME) German Undt. Co.
 (ADDRESS) Steele Mo.

20. FILED 1-6 1940 Tom Branganer 560 (Address) Crater, Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1939 to November 20 1939
 I last saw him alive on Nov. 17 1939. Death is said to have occurred on the date stated above, at 1:24A am.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach.

Date of onset

Other contributory causes of importance: HV

Name of operation Exploratory Date of Aug 30
 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) R. E. Cooper /, M. D.
 (Address) Crater, Mo.

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

MARGIN RESERVED FOR BINDING

V. S. NO. 2. 20M-9-19-38 X18605

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.....

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

Signed *James R. Stovall*.....
Licensed Embalmer No. *3700*.....
P. O. Address *Blytheville Ark*.....

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.