

FILED APR 18 1940

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

11878

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 626
 (b) Township _____ Primary Registration District No. 8031 Registered No. 28
 (c) City Maryville (d) Street No. St. Francis Hospital 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. 1 da. (f) How long in U. S., or of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mildred Luella Ketelhut

(a) Residence, No. Oregon, Mo. 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhynard Adolph Ketelhut

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 18th, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Oct 20 1930 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Nebr.

FATHER 13. NAME Frank Everett Matthews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piqua Ohio

MOTHER 15. MAIDEN NAME Mary Wilch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

17. INFORMANT Florence E. Mather (ADDRESS) Norfolk, Nebr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon, Mo. DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pettijohn Funeral Service Oregon, Mo.

20. FILED 3-25, 1940 Manie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-40, 1940

22. I HEREBY CERTIFY That I attended deceased from March 24, 1940, to March 24, 1940

I last saw her alive on March 24, 1940 at 3:00 P Death is said to have occurred on the date stated above, at 3:00 P m.

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

Acute Obstruction of Bowels (4 days old) Producing fatal shock and Heart Failure Date of onset

Other contributory causes of importance:

Name of operation Colic Date of 1940
 What test confirmed diagnosis? Colic 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) Chas. Lee, M. D.
556, (Address) Maryville, Mo.

122/13

RECEIVED

District Health Officer No. 11, 440-609

District File Number

Date Filed APR 16 1940

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, _____

James H. Pettijohn, or by _____

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

Signed James H. Pettijohn

Licensed Embalmer No. 3132

P. O. Address Oregon, 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.

Registration District No. 625-

Primary Registration District No. 3031

Registrar's No. _____

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

1. PLACE OF DEATH

(a) County Madaway
(b) City or town Maryville
(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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PREVIOUS FULL NAME Mildred Luella Ketchum
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced DW
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 6 If less than one day _____ h. _____ min.

9. Birthplace _____ (City, town, or county) _____ (or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death
acute obstruction of
bowel (4 days)
cause unknown
producing fatal shock
and heart failure
Duration 2
Other conditions unknown - This
woman came to hospital
from another country with
no history & died in
a few hours.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Chas L. Bell (M. D. or other) _____
Address Maryville _____ Date signed _____

SUPPLEMENTARY
12219

11878 (1940)