

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

**31831**  
Do not use this space.

**1. PLACE OF DEATH** *Lade* 20  
 (a) County *Lade* Registration District No. *238*  
 (b) Township *Lackwood* Primary Registration District No. *4145*  
 (c) City *Lackwood* (d) Street No. \_\_\_\_\_ Registered 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** *Gynetta Kelliger*  
 (a) Residence, No. *Lackwood 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** *F* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Married*  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** *Thomas J. Kelliger*  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *Jan 14 1866*  
**7. AGE** YEARS *74* MONTHS *5* DAYS *9* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** *None*  
**9. Industry or business in which work was done, as saw mill, bank, etc.** *None*  
**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)** *Ill*  
**13. NAME** *J. Duncan*  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Unknown*  
**15. MAIDEN NAME** *Unknown*  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_  
**17. INFORMANT (ADDRESS)** *Thos. J. Kelliger*  
**18. BURIAL, CREMATION, OR REMOVAL PLACE** *New Bethel* DATE *June 17 40*  
**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** *Wm. Caldwell*  
**20. FILED** *6-17* 19*40* *J. A. Wren* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *June 15 1940*  
**22. I HEREBY CERTIFY** That I attended deceased from *6-13-1940* to *6-15-1940*  
 I last saw him alive on *6-15-1940* Death is said to have occurred on the date stated above, at *10 P. m.*  
 The principal cause of death and related causes of importance were as follows:  
*Coronary thrombosis* Date of onset \_\_\_\_\_  
 Other contributory causes of importance: *94 lbs*  
 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) *H. A. Combs*, M. D.  
 \_\_\_\_\_ (Address) *Lackwood Mo.*

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.

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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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*E. J. Caldwell*  
.....

Licensed Embalmer No. *3380*

P. O. Address *Lackwood*

**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.**