

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38498**

Registration District No. **204**

Primary Registration District No. **3013**

Registrar's No. **45**

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

1. PLACE OF DEATH:

(a) County Canton

(b) City or town Cameron Mo
(If outside city or town limits, write "RURAL" and name of 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 _____ (Specify whether _____)

In this community _____ years, months or days 2

3. (a) PRINT FULL NAME MARY A KELLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J G Keller Rev. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 16 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Meristo Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Pleasant Cook

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

14. Maiden name Hattie Stasit

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

16. (a) Informant A E Keller
(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof DEC 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo. Burial

18. (a) Signature of funeral director A Moore
(b) Address Cameron Mo.

19. (a) Nov. 30/1940 (b) A E Keller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Canton

(c) City or town Cameron Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 313 West 5th St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1940 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov 26, 1940, to Nov 29, 1940,
that I last saw her alive on Nov 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

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? 5
(Specify type or place) _____
While at work? _____ Means of injury _____

23. Signature A E Keller (M. D. or other) _____
Address Cameron Mo Date signed 11/30/40

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.....

Q. Moore

Licensed Embalmer No.

1180

P. O. Address.....

Cameron

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, fact should be so stated above.