

No. 2
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38823**

Registration District No. **370**

Primary Registration District No. **4216**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Forest City
(If outside city or town limits, write "RURAL" and name of town)
(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 10 yrs. years, months or days) _____

8. (a) PRINT FULL NAME Mary Edith Ketring

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased February 24, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 29 hr. _____ min.

9. Birthplace Holt County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER { 12. Name Phillip Ketring 9

13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Ann King

15. Birthplace King Grove Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Ketring

(b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof 11/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director Patterson Funeral Service

(b) Address Oregon, Missouri

19. (a) 11-25-40 (b) Ralph E. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Forest City
(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 November day 23rd
year 1940 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 20, 1940, to Nov 23, 1940,
that I last saw her alive on Nov 22, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 days

Due to _____

Due to _____

Other conditions Stroke
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? None

(e) Means of injury _____
(Specify type of place)

While at work? _____

23. Signature R. F. Ketring (M. D. or other) _____

Address Forest City, Mo Date signed 11/25/40

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 18 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Ralph C. Moore

Licensed Embalmer No.....

1743

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.