

No. 2
1-10-30
ST-142

Registration District No. 40

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County BARTON
(b) City or town LAMAR, 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)

8. (a) PRINT FULL NAME ADA LUELLE KELTNER

3. (b) If veteran, name war _____ 8. (c) Social Security No. none

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

6. (b) Name of husband or wife Samuel A. KELTNER 6. (c) Age of husband or wife if alive decided years

7. Birth date of deceased July 21 1864
(Month) (Day) (Year)

8. AGE: 76 Years 5 Months 11 Days If less than one day _____ hr. _____ min.

9. Birthplace Lafayette Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business None

12. Name Moses B. Robinson

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

14. Maiden name Mahala Smith

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

16. (a) Informant Miss Lelbe Keltner
(b) Address 401 N. Maple St. Lamar MO

17. (a) Inter (b) Date thereof Dec. 27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Cemetery
(d) Signature of funeral director J.M. Keltner
(e) Address Carthage MO.

19. (a) Dec 21 1940 (b) Mrs. Josephine Mynatt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Barton
(c) City or town Lamar MO.
(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 Dec. day 27
year 1940 hour 9:25 minute P M.

21. I hereby certify that I attended the deceased from 8-29 1940 to Dec. 27 1940
that I last saw her alive on Dec. 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Pancreas
obstruction of common Bile duct
Due to metastasis to liver

Duration 8 months
8-29-40

Other conditions: 4/4

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? _____

40 (Specify type of place)
While at work (e) Means of injury _____

28. Signature Jern T. Bickel (M. D. or other M.D.)
Address Lamar, MO. Date signed 12-25-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 141-50

Date Filed JAN 8 1941

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. 000

working under my personal supervision.

Signed

Emm L. Kneel

Licensed Embalmer No. 391

P. O. Address Parthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.