

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43435

State File No. 8

Registration District No. 663

Primary Registration District No. 5881

Registrar's No.

1. PLACE OF DEATH:
 (a) County Perry
 (b) City or town Rural - St. Marys
(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 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Perry
 (c) City or town Rural
(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.? 57 years.

3. (a) PRINT FULL NAME Otto Keller
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Ida Keller
 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased March 28 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 19
 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank Keller

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

14. Maiden name Don't know

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

16. (a) Informant Frank Keller

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof Dec. 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young's Sons

(b) Address Perryville, Mo.

19. (a) 12-19-40 (b) William Galt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 17
 year 1940 hour 6 minute 40 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute dilatation of heart
sudden death.

Due to _____
 Due to Myocarditis
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy none
 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 Dec 17 1940
 (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?

23. Signature Wm. J. Bailey (Specify type of place) 591
While at work (e) Means of injury corner
 Address Perryville (M. D. or other) _____
 Date signed 12/18 1940

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

MOTHER FATHER

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 *Edward L. Janning*

Licensed Embalmer No. *2138*

P. O. Address *Denville 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, fact should be so stated above.