

ED MAR 14 1941
Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2633 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2633 Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Dec 1939
1939 to Feb 13 1941
that I last saw him alive on July 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brainia
Due to Cardio-renalitic
Due to unknown
Other conditions as above
(Include pregnancy within 3 months of death)
Major findings: NO
Of operations _____
Of autopsy NO
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME JOSEPH KETTERLIN

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

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

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

7. Birth date of deceased: NOV 13, 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Hardware

MOTHER FATHER { 12. Name Joseph Ketterlin

18. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Mary Deak

16. Birthplace Nipton Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Ketterlin

(b) Address 2633 Campbell

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ketterlin Funeral Home
(b) Address 2657 Judys Ave
19. (a) 2/16/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.