

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 5442 Registrar's No. _____

39
0
0

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town rural - Wilson
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town rural -
(If outside city or town limits, write "RURAL")
(d) Street No. Brookline - R #1.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? A years.

3. (a) PRINT FULL NAME John Thomas Keltner
3. (b) If veteran name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1st year 1941 hour 3 minute 45 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Keltner 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Sept. 29 - 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 28, 1940, to Jan - 1 -, 1941; that I last saw him alive on Jan 1 -, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>3</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Bronch-pneumonia
Due to Influenza
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo
10. Usual occupation farmer

MOTHER FATHER { 11. Industry or business _____
12. Name J. B. Keltner
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Sally Short
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

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

16. (a) Informant Pauline Keltner
(b) Address 1211 W. State, Springfield
17. (a) Burial (b) Date thereof Jan 13, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Manly
18. (a) Signature of funeral director J. W. Maples of G. V.
(b) Address Cleaver - Mo
19. (a) Jan. 2 (b) Mrs. Beulah Vance
(Date received local registrar) (Registrar's signature)

23. Signature E. M. LeCompte (M. D. 10)
Address Brookline Mo. 50 Date signed 1/2-41

Duration
1 day
4 days
72
PHYSICIAN
Underline the cause to which death should be charged statistically.

K50
Greene County Health Office,
County File Number 41-2-24
Date Filed 2/10/41

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clemer 2110

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.