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K23159

FILED APR 15 1941

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Monteau

(b) City or town California Walker
(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 all his life / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Gottlieb Theodor Keisling

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Elizabeth (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct 28 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 24 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Keisling

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

14. Maiden name Rebecca Depoite

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

16. (a) Informant Mrs Elizabeth Keisling
(b) Address California MO

17. (a) Burial (b) Date thereof Mar 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem

18. (a) Signature of funeral director W. H. Hayes & Fred Meyer
(b) Address California MO

19. (a) 3-29-41 (b) W. P. Poley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monteau

(c) City or town California 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.? _____ years.

MEDICAL CERTIFICATION

DATE OF DEATH: Month March day 24
year 1941 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from March 14, 1941, to March 24, 1941;
that I last saw him alive on March 24, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Intra Cranial Hemorrhage

Due to Arteriosclerosis

Due to _____

Other conditions 12 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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? 504
(Specify type of place) (e) Means of injury _____

23. Signature J. P. Burke (M. D. or other) !!

Address California MO Date signed _____

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..... *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address..... *California*

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, fact should be so stated above.