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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13681
1662
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

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

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Fairmount
(If outside city or town limits, write "RURAL")
(d) Street No. 232 North Home
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME CLARA IRENE KETCHUM
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 26
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Nov 7
1939, to Apr 26, 1941;
that I last saw her alive on Apr 26, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emmett Lee Ketchum 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Mar. 30 - 1901
(Month) (Day) (Year)

Immediate cause of death
Chronic nephritis
Myocarditis
Due to Ch. Sennetsu 121
Due to Infection Teeth 121
Other conditions (Include pregnancy within 3 months of death) 121
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 40 Months 0 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Peter Jamerson
13. Birthplace Petis Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bella Courtney
15. Birthplace Sedalia Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Lee Ketchum

(b) Address 232 North Home

17. (a) Burial (b) Date thereof 4/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Hospital

18. (a) Signature of funeral director George C. Brown
(b) Address Independence Mo

19. (a) Apr 27 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Drellman (M. D. or other) MD
Address 10307 Indyp Ave Date signed 4/26/41

S. Greener

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 *Raymond N. Martin*
Licensed Embalmer No. *415-0*
P. O. Address *Independence 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.