

FILED MAY 13 1941

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

13989

Registration District No. 85 Primary Registration District No. 1001 State File No. \_\_\_\_\_ Registrar's No. 471

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph Hospital  
(c) Name of hospital or institution: ST. JOSEPH HOSPITAL  
(d) Length of stay: In hospital or institution 5 days  
In this community Life 5 Days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Andrew  
(c) City or town St. Joseph, Mo  
(d) Street No. Route 3 #  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mrs Sarah Frances Keepers  
3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Apr day 28 year 1941 hour 12 minute 50 a.m.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased Sept 23 1863

21. I hereby certify that I attended the deceased from Apr 26 1941 to Apr 27 1941; that I last saw her alive on Apr 27 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
77 7 5 hr. min.  
9. Birthplace Andrew Co. Mo.

Immediate cause of death Cerebral Hemorrhage Apr 24/41  
Due to arterio scl. gen-

10. Usual occupation House wife  
11. Industry or business \_\_\_\_\_  
12. Name Edward Patterson  
13. Birthplace Virginia  
14. Maiden name Jeanette Lower  
15. Birthplace Virginia

Due to \_\_\_\_\_  
Other conditions arterio sclerosis  
(Include pregnancy within 3 months of death)

16. (a) Informant Edward F. Keepers  
(b) Address Aransas City Mo.  
17. (a) Memorial Park Cem (b) Date thereof April 30 1941  
(c) Place: burial or cremation Memorial Park Cemetery  
18. (a) Signature of funeral director H. J. Nestlebusch  
(b) Address Aransas City Mo.  
19. (a) 4-29-41 (b) H. J. Nestlebusch

Major findings: Of operations GAW  
Of autopsy None

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
23. Signature Frank L. ... Address ... St. Joseph Date signed 4/28/41

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..... *W. Fred Terhune* .....

Licensed Embalmer No. *1279* .....

P. O. Address *Savannah Ga* .....

**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.**