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FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

14771

Registration District No. 400

Primary Registration District No. 5552B.4235 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution West Orchard Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 60 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME John Albert Keller

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Francis L Keller 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 4-14-1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Stone Mason

11. Industry or business Stone quarry

12. Name Michel M Keller

13. Birthplace unknown Ind (City, town, or county) (State or foreign country)

14. Maiden name Martha Henderson

16. Birthplace unknown Ind (City, town, or county) (State or foreign country)

16. (a) Informant me Francis L Keller

(b) Address Lee's Summit mo

17. (a) Burial (b) Date thereof 4-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lee's Summit mo

18. (a) Signature of funeral director N. B. Gagner

(b) Address Lee's Summit mo

19. (a) 4-27-41 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Lee's Summit mo
(If outside city or town limits, write "RURAL")
(d) Street No. West Orchard Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1941 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from 4-13, 1941, to 4-25, 1941, that I last saw him alive on 4-25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 12 da.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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

23. Signature [Signature] (M. D. or other) 0
Address Lee's Summit Date signed 4/25/41

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

48
1
0

5

1322

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 *N. B. Langford*

Licensed Embalmer No. *3833*

P. O. Address *Geis Summit*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14771

Registration District No. 406

Primary Registration District No. 4235

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lee's Summit
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Albert Keller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Apr day 28 year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

Immediate cause of death: uremia
Due to Chronic Hepatitis Duration about 11 yrs

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____
8. AGE: Years 72 Months 0 Days 11 If less than one day _____ hr _____ min.

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) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____ (State or foreign country) _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

