

FILED JUL 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21930

Registration District No. 419

Primary Registration District No. 5573

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural - McDonald Township
(If outside city or town limits, write "RURAL" and name of township)
Route #1, Reeds, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 42 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Route #1, Reeds, Missouri.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th.
 year 1941 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to June 6 1941.
 that I last saw her alive on June 5 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Cerebral hemorrhage, left 7 days
 Due to myocarditis, chronic 6 yrs

Other conditions Nephritis, chronic
(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?

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

23. Signature [Signature] (If other)
 Address Carthage Date signed June 7/41

3. (a) PRINT FULL NAME Emma Jerusha Keller

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ed. Keller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 3, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 3 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lafayette Grimes

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

14. Maiden name Sarah Fowler

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

16. (a) Informant Mr. Ed. Keller

(b) Address Route #1, Reeds, Missouri.

17. (a) Burial (b) Date thereof 6-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Williams Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) June 9/41 (b) Mrs. Mary Hall
(Date received local registrar) (Registrar's signature)

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

0-2
4-41
7-39

X26390

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..... *E. L. ...*

Licensed Embalmer No. *2722*

P. O. Address *Outrage*

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.