

Registration District No. **875**

Primary Registration District No. **3039**

Registrar's No. **214**

2 2 1941
8
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Vernon Nevada**

(b) City or town **Nevada**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1103 N. Washington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2yrs.** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Terrance Vincent Keller**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **493-16-7914**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Keller** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **12--25---1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
49	6	14		hr. min.

9. Birthplace **Union Town Kans.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Roofer**

11. Industry or business

MOTHER FATHER

12. Name **John Keller**

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

14. Maiden name **Mary** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Emma Keller**
(b) Address **Nevada, Mo.**

17. (a) **Buried** (Burial, cremation, or removal) (b) Date thereof **7/12/41**
(Month) (Day) (Year)

(c) Place, burial or cremation **Union Town, Kans.**

18. (a) Signature of funeral director **Marsh Eichinger**
(b) Address **Nevada, Mo.**

19. (a) **7-11-41** (Date received local registrar) (b) **Allen V. Hays** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Vernon** **08**

(c) City or town **Nevada** **1**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. **1103 N. Washington**
(If rural, give location) **0**

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
year **1941** hour **11** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **Jan 11** 1941, to **July 9** 1941; that I last saw him alive on **July 9** 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure** Duration 3 hrs

Due to **Coronary thrombosis** 1st attack 6 hrs
2nd 3 hrs

Other conditions **94**
(Include pregnancy within 3 months of death)

Major findings of operations _____ PHYSICIAN
Of autopsy _____ 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? _____

23. Signature **W. W. Gause** (Specify type of place) (e) Means of injury (M. D. or other) **MD**
Address **Nevada Mo** Date signed **7/10/41**

JUL 22 1941

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 Mark Lechner
Licensed Embalmer No. 2656
P. O. Address Nevada Mo

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, above space should be left blank.