

FILED SEP 12 1941

Registration District No. 40

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bickel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs
(Specify whether
3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limit, write "RURAL")
(d) Street No. 607 Maple
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1941 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from
July 20, 1941, to Aug. 13, 1941;
that I last saw her alive on Aug. 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Uterine Hemorrhage
Due to Incomplete Abortion
& Infection
Due to _____
Other conditions:
(Include pregnancy within 3 months of death) 14 1/2

Duration

10 hrs
July 20

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations Curettement Aug 13
(Removal of recent Decidual tissue)
Of autopsy _____

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?
NO.

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Jern T. Bickel (M. D. or other) M.D.
Address Lamar, Mo. Date signed Aug 14 1941

3. (a) PRINT FULL NAME MITTIE KATE KELTNER

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Roland B. Keltner 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased January 17 191909
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Houswife

11. Industry or business _____

12. Name L. J. Edget

18. Birthplace Jasper County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Grace Lewis

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

16. (a) Informant Roland B. Keltner

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Aug 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem. Jasper, Mo.

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Missouri

19. (a) Aug 16 1941 (b) Mrs Josephine Mernath
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 941-1442

Date Filed SEP 8 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

Carl J. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri.

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.