

2-4-41
17-39
X26390

Registration District No. 839

Primary Registration District No. 6101

Registrar's No. 21

1. PLACE OF DEATH: Holland
 (a) County Holland
 (b) City or town Essary, Mo.
 (c) Name of hospital or institution: Ketchikan Funeral
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
 In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Holland
 (c) City or town Bural (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 Lutta May McKeller
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 20 year 1941 hour 15 minute 15 A.M.
 21. I hereby certify that I attended the deceased from July 11 1941 to July 20 1941
 that I last saw her alive on July 11-141 and that death occurred on the date and hour stated above.

4. Sex Female Color or race negro
 6. (a) Single, widowed, married, divorced ✓
 6. (b) Name of husband or wife ✓
 6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year)

Immediate cause of death Whooping Cough
 Due to ✓
 Due to 9
 Other conditions ✓
 (Include pregnancy within 3 months of death)

8. AGE: Years 1 Months 6 Days 20
 If less than one day hr. min.

9. Birthplace Holland Co. mo
 (City, town, or county) (State or foreign country)

10. Usual occupation ✓

MOTHER FATHER
 11. Industry or business ✓
 12. Name Jasper McKeller
 13. Birthplace Bell County, Miss
 (City, town, or county) (State or foreign country)
 14. Maiden name Beck
 15. Birthplace Ark
 (City, town or county) (State or foreign country)

Major findings:
 Of operations ✓
 Of autopsy no
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Jasper McKeller
 (b) Address Essary, mo. R.R.
 17. (a) ✓ (b) Date thereof 7-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

18. (a) Signature of funeral director none
 (b) Address ✓
 19. (a) Aug 1 - 1941 (b) J.P. Brunden
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury ✓
 23. Signature J.P. Brunden M.D. (co-signer)
 Address Essary, mo. Date signed 7-20-41

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

RECEIVED

District Health Office No.

District File Number 841-116

Date Filed 8-28-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.