

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38538

DEC 17 1941

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: Jasper
 (a) County _____
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Fremont Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 46 years
 In this community 46 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John R. Keller

3. (b) If veteran, name war No 3. (c) Social Security No. 491-01-0943

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

6. (b) Name of husband or wife Beulah 6. (c) Age of husband or wife if about 45 years

7. Birth date of deceased June 8, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>0</u>	hr. min.

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

10. Usual occupation auto Mechanic

11. Industry or business _____

12. Name John C. Keller

13. Birthplace Liberty Mo;
(City, town, or county) (State or foreign country)

14. Maiden name Mollie O-Neil
(City, town, or county) (State or foreign country)

15. Birthplace No record.
(City, town, or county) (State or foreign country)

16. (a) Informant Family

(b) Address 712 Sergeant Ave, Joplin Mo;

17. (a) Burial (b) Date thereof 11-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem, Hurlbut Und. Co;

18. (a) Signature of funeral director _____
(b) Address Joplin Mo;

19. (a) 11-12-41 (b) W D James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 712 Sergeant Ave;
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 8, day 1941
year _____ hour 3-25 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 15
1941, to Nov 19, 1941

that I last saw him alive on 8-7- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death lung cancer
shown: cellio cancer
reaction to em-prophyl
Due to long absence abroad

Due to 3 year reaction
reaction 1-1-41

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: colostomy - pain
Of operations prob. cancer
Of autopsy _____

12312

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 W D James (M. D. or other) _____
Address Joplin Mo Date signed _____

512 Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Steve D. Parker
Licensed Embalmer No. 2548
P. O. Address Josephine

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.