

Registration District No. **H. 67**

Primary Registration District No. **5-698**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County **McDonald**

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

(c) Name of hospital or institution:

(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.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **McDonald**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Stella Motel**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **William Henry Keller**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20**  
year **1944** hour **6** minute **30 p.** M.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Cordelia Keller**

6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **Jan 26 1861**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 30**, 19**41**, to **Dec. 20**, 19**44**, that I last saw him alive on **Nov. 30**, 19**44**, and that death occurred on the date and hour stated above.

8. AGE:

Years <b>80</b>	Months <b>10</b>	Days <b>20</b>	If less than one day hr. min.
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Immediate cause of death **Carcinoma of R. Lung and throat**

Due to.....

Due to.....

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

Other conditions **53**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

Major findings: Of operations.....

11. Industry or business

Of autopsy.....

12. Name **Wm. Keller**

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

14. Maiden name **Sarah Williams**

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

16. (a) Informant **Cordelia Keller**

(b) Address **Stella Motel**

17. (a) **Burial** (b) Date thereof **12-22-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **Wm. Williams**

(b) Address **Stella Motel**

19. (a) **12-22-44** (b) **Ada Collins**  
(Date received local registrar) (Registrar's signature)

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 **J. R. Edwards** (M. D. or other).....

Address **Stella Motel** Date signed **12/24/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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468

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 142 - 39

Date Filed JAN. 6 1942

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**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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**