

FILED FEB 12 1942
Registration District No. **900**

Primary Registration District No. **6208**

Registrar's No. **2**

1200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Webster

(b) City or town E. Union

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X

In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town E. Union

(d) Street No. X

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

If yes, name country X

3. (a) PRINT FULL NAME Marina Keesling

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1942 hour 11:30 minute P. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James A. Keesling

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

7. Birth date of deceased January 22 - 1863

21. I hereby certify that I attended the deceased from 1-29 1942 to 1-30 1942 that I last saw her alive on 1-30 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>no</u>	<u>8</u>	<u>X</u> hr. <u>X</u> min.

Immediate cause of death myocarditis

Due to Arterial sclerosis

9. Birthplace Coke County, Tennessee

Due to.....

Other conditions (Include pregnancy within 3 months of death) 97

10. Usual occupation Housewife

Major findings: Of operations.....

11. Industry or business Home

12. Name Joseph Rader

13. Birthplace Tennessee

14. Maiden name Barbara Mease

15. Birthplace Tennessee

Of autopsy.....

22. If death was due to external causes, fill in the following:

16. (a) Informant F. C. Rader

(b) Address Rader, Missouri

17. (a) Burial (b) Date thereof Feb. 1, 1942

(c) Place: burial or cremation Rader

18. (a) Signature of funeral director Ray Rader

(b) Address Marshfield, Missouri

19. (a) 2/2/42 (b) [Signature]

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(Date received local registrar)

(Registrar's signature)

While at work? (Specify type of place) (e) Means of injury.....

23. Signature J. W. Lindsay (M. D. or other) MD

Date signed 2-2-42

RECEIVED

District Health Officer No. 6,

District File Number 242-224

Date Filed FEB 11 1942

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 *Wm. J. Finney*

Licensed Embalmer No. 3312

P. O. Address Marshfield Mo

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.