

FILED APR 11 1942

Registration District No. **186**

Primary Registration District No. **6-27-9-200**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County Creston

(b) City or town Reynolds, Mo. Rt #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 miles east of Ozark
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Reynolds Mo. 055
(If outside city or town limits, write "RURAL")

(d) Street No. 8 miles east of Ozark
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Dan Mergal Keller

3. (b) If veteran, No name war

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1942 hour 8 minute 15 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Martha Keller

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Unknown 82
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 20 - 1942 to Mar. 12, 1942
that I last saw him alive on Mar. 4th 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months Days If less than one day
hr. min.

Immediate cause of death: Hypertensive Encephalopathy
Chronic and unspecified Duration 1 Month

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

Due to Serivitiy

Due to Chronic Myocarditis 3 years

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business at home

MOTHER FATHER { 12. Name Jacob Keller

13. Birthplace Unknown

14. Maiden name Stella White

15. Birthplace Unknown

Major findings: Of operations 93d

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Charley Keller

(b) Address Reynolds, Mo. Rt #1

17. (a) Buried (b) Date thereof 3/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raffel Cemetery

18. (a) Signature of funeral director Ben L. Marsh

(b) Address Reynolds, Mo. Rt #1

19. (a) 4/8/42 (b) Mrs B M Johnson
(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) Means of injury 0

23. Signature B. Sparrow (M. D. or other) 4460

Address Reynolds, Mo. Date signed Mar. 15-42

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

22
0
0

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.....
..... *Myself*, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Forest Klepper

Licensed Embalmer No. *4226*

P. O. Address. *Quincy, 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.