

FILED JUN 18 1942 3

Registration District No.

Primary Registration District No. **4052**

Registrar's No.

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

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1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town RUSHVILLE Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN
(c) City or town RUSHVILLE
(If outside city or town limits write "RURAL")
(d) Street No. R.F.D. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 8TH
year 1942 hour _____ minute 90 M.

21. I hereby certify that I attended the deceased from
May 7, 1942 to May 8, 1942
that I last saw hIM alive on May 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis 24 hrs.
Due to arterial Sclerosis

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

Major findings:
Of operations g3a
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JOHN CALVIN KELLER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife KATE GILLIS ALLISON KELLER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 16-1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 22 If less than one day
hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name JOHN CALVIN KELLER

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

14. Maiden name UNKNOWN

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

16. (a) Informant Wife John Keller

(b) Address RUSHVILLE, MISSOURI

17. (a) BURIAL (b) Date thereof MAY 10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUGAR CREEK-RUSHVILLE

18. (a) Signature of funeral director Wm. Stentor

(b) Address ATCHISON, KAN

19. (a) 5/13/42 (b) E. B. McAdow
(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 E. B. McAdow (M. D. or _____)
Address 23 Kelt mo Date signed 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. Stanton Jr

Licensed Embalmer No.....

P. O. Address Atchison, Kan

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, above space should be left blank.