

FILED AUG 10 1942
Registration District No. 180

Primary Registration District No. 4466

Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County STE GENEVIEVE
(b) City or town STE GENEVIEVE, Mo.
(c) Name of hospital or institution:
310 ST MARYS RD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 YRS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County STE GENEVIEVE
(c) City or town STE GENEVIEVE 1
(If outside city or town limits, write "RURAL")
(d) Street No. 310 ST MARYS ROAD
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LILLIE ETTA KETCHERSIDE
(b) If veteran, name war _____ (c) Social Security No. NONE

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPH W. KETCHERSIDE
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased JUNE 27 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 0
If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER
12. Name WM Mc FARLAND
13. Birthplace (UNKNOWN) SO CAROLINA
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA BEZZELA WRIGHT
15. Birthplace FREDERICKTOWN, MO
(City, town, or county) (State or foreign country)

16. (a) Informant WM D. Mc FARLAND
(b) Address ST LEVIS, MO

17. (a) REMOVAL + BURIAL (b) Date thereof JULY 29-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PENDLETON CEM. - DOE RUN, MO

18. (a) Signature of funeral director Jerry Stanton Mortuary
(b) Address Ste Genevieve, Mo.

19. (a) July 28/42 (b) T.W. Douglas
(Date received local Registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 27th year 1942 hour 7 minute 45 P. M.
21. I hereby certify that I attended the deceased from June 1, 1942, to July 27, 1942
that I last saw h. alive on July 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 6 hrs.

Due to Atherosclerosis 1 1/2 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) 430

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Alton S. ... (M. D. or other) M.D.
Address St. Genevieve Mo. Date signed 7-28-42

AUG 13 1954

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

Le Roy J. Schindler

Licensed Embalmer No. *4175*

P. O. Address *Perryville, 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.