

Registration District No. 21

Primary Registration District No. 3005

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 West Ft. Scott Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 75 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

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

(d) Street No. W Ft. Scott Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EMMA KEESER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1942 hour 8:10 minute am M.

4. Sex f

5. Color or race w

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

6. (b) Name of husband or wife Albert Keeser deceased

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

7. Birth date of deceased: July (Month) 28 (Day) 1889 (Year)

21. I hereby certify that I attended the deceased from 1935 to Nov 30 1942
that I last saw her alive on Nov 29th and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 4 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of breast

Due to _____

Due to _____

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

10. Usual occupation retired housewife

Other conditions (Include pregnancy within 3 months of death) 52 lb

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John Bryden

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

14. Maiden name Dorah Bond

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

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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

16. (a) Informant Miss Helen Davis

(b) Address Butler, Mo.

17. (a) burial (b) Date thereof Dec 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Lourens

(b) Address Butler, Mo.

19. (a) Dec 2, 1942 (b) Miss Maxine Crompton
(Date received local registrar) (Registrar's signature)

23. Signature L D Lathrop (M. D. or other) _____

Address Butler, Mo. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 12-42-13/6

Date Filed 12-8-42

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

C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butte, 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.