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

36883

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no street, no (Specify whether)

In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian 22 0

(c) City or town Nixa 0
(If outside city or town limits, write "RURAL")

(d) Street No. No. street, No.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Una E. Keltner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife James Claud Keltner

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) 6 (Day) 1878 (Year)

8. AGE: Years 64 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name J. B. Rice
13. Birthplace New York State
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily White
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Keltner
(b) Address Nixa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15 42 (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark, Mo.

19. (a) Nov. 14 1942 (Date received local registrar) (b) Edna B. Ward, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 12th, 1942, to Nov. 12, 1942, that I last saw her alive on Nov. 12, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 hrs
Due to Essential Hypertension	3 or 4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. G. Purvis (M. D. or other) DO
Address Nixa, Mo Date signed 11-14-42

1249

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1689
Date Filed DEC 8 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address.....

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.