V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 133

State File No.

Registrar's No. 1224

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Marion Tws.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.#1 St.Joseph,Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D.#1 St.Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: James Arthur 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: Sarah Keller
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Dec. (Month) 28 (Day) 1882 (Year)
8. AGE: Years 59 Months 11 Days 28 If less than one day ___ hr. ___ min.
9. Birthplace: Buchanan Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: John Keller
13. Birthplace: Unknown (City, town, or county) Switzerland (State or foreign country)
MOTHER 14. Maiden name: Caroline Balsiger
15. Birthplace: Unknown (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: Mrs. Sarah Keller
(b) Address: R.F.D.#1 St.Joseph,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Norman W. Schneider
(b) Address: 1802 Union Str., St. Joseph, Mo
19. (a) 12-28-42 (Date received local registrar) (b) Rose Heyn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 26th year: 1942 hour: 11 minute: 30 A.M.
21. I hereby certify that I attended the deceased from March 3, 1942 to Dec 26, 1942 that I last saw him alive on Dec 25, 1942 and that death occurred on the date and hour stated above.
Immediate cause of death: Carcinoma Stomach — Duration 9 mo
Due to: ✓
Due to: ✓
Other conditions: ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓
Of autopsy: Chronic gastric ulcer with massive hemorrhage.

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: Gustav A. Lorr (M. D. or other) MD
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed: 12/26/42

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(Licensed Embalmer's Statement on Reverse Side)

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 .....

Dec 26, 42, Registered Apprentice No. .....,

working under my personal supervision.

Signed John L. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, 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.