

FILED JAN - 8 1943

Registration District No. 47

Primary Registration District No. 300F

Registrar's No. 370

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

4  
1  
2

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution State Hospital # 1 2  
(If outside city or town limits, write "RURAL" and name of township)

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

In this community 2 yrs 9 mths 22 d  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Callaway

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

(d) Street No. State Hospital # 1 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edith I. Ketchum

3. (b) If veteran, name war D.K.

3. (c) Social Security No. D.K.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan 23rd 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 10 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crofton Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation SS

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Edward Evans

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

14. Maiden name OK

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

16. (a) Informant record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 12 5 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia mo

18. (a) Signature of funeral director J. B. Roberts  
Columbia mo

(b) Address \_\_\_\_\_

19. (a) Dec 5 1942 (b) Josie Moravichoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd  
year 1942 hour 6:45 minute a M.

21. I hereby certify that I attended the deceased from 11-21-, 1942 to 12-3-, 1942  
that I last saw her alive on 12-2-, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (d) Means of injury \_\_\_\_\_

23. Signature J. E. Sherrill (M. D. or other) \_\_\_\_\_  
Address Fulton MO Date signed 12-3-42

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**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.....

Licensed Embalmer No.....

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.**