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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Keethler
42154
State File No. _____
Registrar's No. 73 99

FILED JAN - 8 1943

Registration District No. 326

Primary Registration District No. 6104

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

1. PLACE OF DEATH:
(a) County *Scotland*
(b) City or town *Memphis Rural*
(c) Name of hospital or institution: *1 Miller Zump*
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution _____
In this community *Practically all his life*
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State *Mo* (b) County *Scotland*
(c) City or town *Memphis Rural*
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? *no* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *Catharine Marlow*
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Dec* day *9* year *1942* hour *9* minute *50 P.*
21. I hereby certify that I attended the deceased from *Oct 23*, 19*42* to *Dec 9*, 19*42*
that I last saw her alive on *Dec 9*, 19*42*
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Widow*
6. (b) Name of husband or wife *D.F. Marlow* 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased *Mar 23 1852*
(Month) (Day) (Year)

Chronic Myocarditis
Hypo-Static Nephritis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years *90* Months *8* Days *16* If less than one day _____ hr. _____ min.
9. Birthplace *Indiana*
(City, town, or county) (State or foreign country)
10. Usual occupation *Retired house wife*

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence *Oct 23 1942*
(c) Where did injury occur? *Scotland Mo*
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? *0*
While at work? *yes* (Specify type of place) _____
(e) Means of injury *Fracture*
23. Signature *Amr Keethler* (M. D. or other) _____
Address *Memphis Mo* Date signed *12-11-42*

MOTHER FATHER
11. Industry or business _____
12. Name *Sauvee Beckett*
13. Birthplace *Indiana*
(City, town, or county) (State or foreign country)
14. Maiden name *Mary Lawrence*
15. Birthplace *Indiana*
(City, town, or county) (State or foreign country)
16. (a) Informant *Mrs John Fryrear*
(b) Address *Memphis Mo*
17. (a) *Burial* (b) Date thereof *Dec 11-42*
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation *Parker Cemetery*
18. (a) Signature of funeral director *W. A. Sisk*
(b) Address *Memphis Mo*
19. (a) *Dec 12 1942* (b) *Bernice Wilson*
(Date received local registrar) (Registrar's signature)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-43-36

Date Filed Jan 7-1943

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

Edith Smith

Licensed Embalmer No.

1029

P. O. Address

Memphis

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42154
Registrar's No. 73

Registration District No. 326 Primary Registration District No. 6104

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

1. PLACE OF DEATH:

(a) County Scotland
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Marlow

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 _____

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

7. Birth date of deceased. Mar 23 (Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name. _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to Hypostatic Nephritis

Due to _____

Other conditions fracture of femur
(Include pregnancy within 3 months of death)

Major findings Bad fast found Oct 23 to Dec 9 1942
Of operations _____

Of autopsy 160 15

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) accident

(b) Date of occurrence Oct. 23, 1942

(c) Where did injury occur? (Rural) Scotland Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm home

While at work? yes (Specify type of place) (e) Means of injury Fall

23. Signature A.M. Kethler (M. D. or other)

Address Memphis, Mo Date signed 3/3/43

SUPPLEMENTARY

