

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3672

State File No.

Registration District No. 225Primary Registration District No. 4480Registrar's No. 41

1. PLACE OF DEATH:

- (a) County Schuyler
 (b) City or town Greentop
 (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 (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME John Wilson Keesecker

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed

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

7. Birth date of deceased August 6 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 25 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name William Keesecker

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

14. Maiden name Nancy Ann Brown

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

16. (a) Informant Mrs O.M. Keesecker

- (b) Address Queen City Mo

17. (a) Burial (b) Date thereof Jan. 3, '42
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director Wm J. Hays

- (b) Address Queen City Mo

19. (a) Jan 2 1942 (b) A. A. Justice
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Schuyler
 (c) City or town Queen City Rural
 (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
 year 1943 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from 12-27
 1942 to Jan 1 1943
 that I last saw him alive on Jan 1 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)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) (e) Means of injury ?23. Signature Chas. A. D. D. (M. D. or other)Address Greentop, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

1278

RECEIVED

District Health Officer No. 10

District File Number 2-43-176

Date Filed FEB 3 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 self

Registered Apprentice No.

working under my personal supervision.

Signed

Wm. H. West

Licensed Embalmer No. 2882

P. O. Address

Quincy, 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.