S. No. 2
M—5-42
5-17-39
X3273

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6282

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 29

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1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Rural Clay Twp.
(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 years, months or days) 20 years
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. No
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rudolph Ketterer
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 Married
6. (b) Name of husband or wife Theressa Ketterer
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Oct. 23 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or ~~foreign country~~)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Herman Ketterer
13. Birthplace (City, town, or county) England (State or foreign country)
MOTHER 14. Maiden name Armanda Fiddler
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mr. Stanley Ketterer
(b) Address St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation Old Bland Cemetery
18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Bland, Mo.
19. (a) Feb 26, 1943 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23 year 1943 hour 4 minute a. M.
21. I hereby certify that I attended the deceased from 1-1-40, 1941 to 2-23, 1943 that I last saw h. ~~him~~ alive on 2-21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Gastric Ulcers
Due to
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) No
(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 C. A. Bunge (M. D. or other)
Address Bland Mo. Date signed 2-25-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Chester Lassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.**