

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

No. 2
9-4-41
5-17-39
X-23-484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 11 1943

Registration District No. 179

Primary Registration District No. 4288

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Moseaw Mills, Mo.
(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. 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Moseaw Mills
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lewis Anthony Keller

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

4. Sex Male 5. Color or race w 6. (a) Single widowed married, divorced 9
6. (b) Name of husband or wife Levina Keller 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. 19 1959
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Lincoln County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

MOTHER FATHER
12. Name Philip Keller
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Williams 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant D. D. Keller

(b) Address 19470 Elm - Granite City, Ill.

17. (a) Burial (b) Date thereof 3-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cemetery

18. (a) Signature of funeral director W. J. Jackson
(b) Address Wainfield, Mo.

19. (a) Feb. 2 28 (b) W. J. Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1943 hour 9 minute 35 P. M.
21. I hereby certify that I attended the deceased from Jan 15
1943, to Feb 27 1943
that I last saw him alive on Feb 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (lobar) 3 days
fractured left hip 61 Senility
Due to fractured left hip ✓
Due to 61 Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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) 157 V
(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) Means of injury
23. Signature Joe Lebrack (M. D. or other)
Address Troy, Mo Date signed 2/28/43

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

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.....
.....
working under my personal supervision.

Registered Apprentice No.
Signed *[Handwritten Signature]*

Licensed Embalmer No. *4012*

P. O. Address *Winfield, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Moscow Mills
(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)

3. (a) PRINT FULL NAME Lewis A Keller

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced no

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

7. Birth date of deceased Sept 19 1889
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lincoln
(c) City or town Moscow Mills
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day _____
year 1943 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 _____

Due to Fractured left hip

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 June 7-1943
(c) Where did injury occur? Moscow Lincoln Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) _____
(Specify type of place) _____ (M. D. or other)

23. Signature J. L. Lessch (M. D. or other) _____
Address TROY MO Date signed _____

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

SUPPLEMENTARY

6862