DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7986

Registration District No. 368 Primary Registration District No. 6248 Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County: Washington
(b) ~~City or~~ town: Richwoods (If outside city or town limits, write "RURAL" and name of township) Rural
(c) Name of hospital or institution: (Richwoods Twp)
(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)
In this community: 69 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Washington
(c) ~~City or~~ town: Richwoods (If outside city or town limits, write "RURAL") 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: Martin Moses Kecar
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Maud Kecar
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Nov (Month) 11 (Day) 1874 (Year)

8. AGE: Years 69 Months 3 Days 11 If less than one day hr. min.

9. Birthplace: Washington Co (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Self
FATHER
12. Name: Edward Kecar
13. Birthplace: Washington Co. (City, town, or county) Mo. O (State or foreign country)
MOTHER
14. Maiden name: Mary Hayes
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: Lysille Kecar
(b) Address: Germine Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic Cem. Richwoods
18. (a) Signature of funeral director: Roach & Kitchell
(b) Address: Richwoods Mo.
19. (a) 2-21 1943 (Date received local registrar) (b) L.B. Lamed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 2-18, 1943, to 2-21, 1943 that I last saw him alive on 2-20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CIRRHOSIS of LIVER	
Due to: ASSITS ALVER AND HEART DILATION	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1248	
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)
(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: O. W. Parker (M.D. or other)
Address: Richwoods Mo. Date signed 2-21-43

1059 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-1825

Date Filed 3-5-43

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.

Was Not Embalmed

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.