

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED APR 8 1948

Registration District No. 78

Primary Registration District No. 4555

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Coffey
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Coffey Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Coffey Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Franklin Pierce Keplar

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased August 11 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 9 hr. min.

9. Birthplace Logan / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name David Keplar

13. Birthplace Unknown / Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Juda Kemper

15. Birthplace Unknown / Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Keplar

(b) Address Coffey, Missouri

17. (a) Burial (b) Date thereof 3-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Creek Cemetery

18. (a) Signature of funeral director Hope Furn. & Und. Co.

(b) Address Gallatin, Mo.

19. (a) 3-20-1943 (b) J. D. Dickerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1943 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from Mar 8
1943, to Mar 20, 1943
that I last saw him alive on Mar 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 15 y.

Due to.....

Due to Acute Sepsis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318

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 2

23. Signature J. S. Baumgardner (M. D. or other) 100
Address Box 88 Coffey, Mo. Date signed 3/20/43

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

MOTHER FATHER

1084

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 *L. O. Richesson*.....

Licensed Embalmer No. *3307*.....

P. O. Address *Fall River, Ma.*.....

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.