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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13246  
Registrar's No. 1044

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Jackson City  
(c) Name of hospital or institution: St. Vincent Hospital  
(d) Length of stay: In hospital or institution 1 day  
In this community 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Jackson City  
(d) Street No. 1407 Bennington  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

3. (a) PRINT FULL NAME Lena Keller  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 24  
year 1943 hour 9 minute 30-PM  
21. I hereby certify that I attended the deceased from April 23  
1943 to April 24 1943  
that I last saw him alive on April 24-43  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Virgie E. Keller  
6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased Jan 21-1887  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to 830  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy See Above

8. AGE: Years 54 Months 3 Days 3  
If less than one day hr. min.  
9. Birthplace Sweet Springs Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker  
11. Industry or business Joseph Arnold  
12. Name Joseph Arnold  
13. Birthplace Lucasville Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucinda Reed  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

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) Means of injury

16. (a) Informant Record Clerk  
(b) Address St. Vincent Hospital  
17. (a) St. Vincent (b) Date thereof April 25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mount, Mo  
18. (a) Signature of funeral director John P. Smith  
(b) Address 6644 W. 1st St. St. Louis, Mo  
19. (a) 4/25/43 (b) J. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature Wm R. Thom (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

*[Handwritten signature and illegible text]*

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**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.....

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.**