

LED APR 30 1943

Primary Registration District No. 6168

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Elsey, Mo.

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr.

In this community 2 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone

(c) City or town Elsey

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.

3. (a) PRINT FULL NAME Sarah Keller

(b) If veteran, name war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1943 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 30 to Jan 30, 1943

that I last saw her alive on Jan 30 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Generalized anoxia

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles Keller 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. 17-1864

Duration 5 yrs

Due to Heart failure of a. artery

Due to artery

Other conditions (Include pregnancy within 3 months of death) 93d

8. AGE: Years 78 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jess M. Knight

(b) Address Elsey, Mo.

17. (a) Burial (b) Date thereof Feb. 1-43

(c) Place: burial or cremation Masonic Cem. Crane

18. (a) Signature of funeral director J.W. Maples

(b) Address Claver, Mo.

19. (a) 2/1/1943 (b) Miss Althman, Deputy

(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature A.P. Lopez (M. D. or other) MD

Address Crane, Mo Date signed 1-30-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 443-458

Date Filed 4/27/43

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.

Signed J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clewer 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.