No. 5-42 17-39 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

Registration District No. 57

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4085

State File No. 17556

Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Hale, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home in Hale, Missuri. (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: 50 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State: 17 (b) County: 0
(c) City or town: 0 (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: 0

3. (a) PRINT FULL NAME: JOSEPH KEEHNEL

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: Married

6. (b) Name of husband or wife: Mildred Keehnel. 6. (c) Age of husband or wife if alive: ?? years

7. Birth date of deceased: February (Month) 27th (Day) 1843, (Year)

8. AGE: Years 100 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Germany, (City, town, or county) 4 (State or foreign country)

10. Usual occupation: Retired Jewelry

11. Industry or business: .....

MOTHER FATHER
12. Name: dont know
13. Birthplace: dont know (City, town, or county) 9 - (State or foreign country)
14. Maiden name: Dont Know
15. Birthplace: dont know, (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs Mildred Keehnel
(b) Address: Hale, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/2/1943. (Month) (Day) (Year)
(c) Place: burial or cremation: Hale, Missouri.

18. (a) Signature of funeral director: Clifford W. Austin,
(b) Address: Tina, Missouri.

19. (a) May 2 1943 (Date received by local registrar) (b) Mrs. Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st, year 1943. hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from ?, 19..., to ..., 19...; that I last saw him alive on April 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic heart disease — Duration 20 yrs

Due to: .....

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings:
Of operations: .....
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: Dr O. A. Ulsh (M. D. or other) D.O.
Address: Hale, Missouri. Date signed 5-2-43

106 8

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-12-43

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.

Body was not embalmed.

Signed Clifford W. Funston

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 57 Primary Registration District No. 408d Registrar's No. 8

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Hale
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Joseph Kuehnel

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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 27 1843 (Month) (Day) (Year)

8. AGE: Years 100 Months 2 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (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)

MOTHER

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic heart disease — Duration

Due to Chronic endocarditis mitral stenosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92

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 Dr A. A. Ulh (M. D. or other) D.O.

Address Hale, Mo Date signed 6-18-43

SUPPLEMENTARY

17556