

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

FILED JUL 9 1943  
Registration District No. 31

Primary Registration District No. 5107

1. PLACE OF DEATH:

(a) County **Benton,**  
(b) City or town **Ionia Rural White Tsp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**No,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **71 87 Yrs,** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton,**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1 Mile S.E. Ionia Mo,**  
(If rural, give location)  
(e) Citizen of foreign country? **No,** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**John Keuper**

3. (b) If veteran, name war.....

**No,**

3. (c) Social Security No. **No,**

4. Sex **M.O**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Widower**  
6. (b) Name of husband or wife **Pauline Keuper**  
6. (c) Age of husband or wife if alive **dead** years  
7. Birth date of deceased **Feb,** (Month) **25** (Day) **1866** (Year)

8. AGE: Years **77** Months **3** Days **15**  
If less than one day hr. min.

9. Birthplace **Lincoln Missouri,**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer, All Life,**

11. Industry or business

MOTHER FATHER

12. Name **Henry Keuper,**  
13. Birthplace **dont know Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret Lupka**  
15. Birthplace **dont know Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Otto Tubasing**  
(b) Address **Ionia Mo,**

17. (a) **Zion Ceme,** (b) Date thereof **June 13 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Mo**

18. (a) Signature of funeral director **J.B. Calvert.**

(b) Address **Lincoln Mo,**

19. (a) **June 17-1943,** (b) **Pauline Harms.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 10th**  
1943 year **10.15** hour **A.M.** minute M.

21. I hereby certify that I attended the deceased from **June 8th 1943**  
to **June 10th, 1943.**  
that I last saw him alive on **June 9th, 1943.**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis.**

Due to **Coronary Sclerosis.**

Due to **Arterio-Sclerosis.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None.**

Of autopsy **None.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No.**  
(b) Date of occurrence **None.**  
Where did injury occur? **None.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**None.**

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

23: Signature **Jno. B. Pauline M.D.** (M. D. or other) **0**  
Address **Ardenia Mo** Date signed **6-11-43**

Duration

?

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7;

District File Number

Date Filed

6-43-619  
7-8-43

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 me

Registered Apprentice No. ....

working under my personal supervision.

Signed

J. B. Calvert

Licensed Embalmer No. 2500

P. O. Address

Lincoln 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.