

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3331**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Luke's Hosp. #**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
 In this community **1 year** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Ketteringham**
3. (b) If veteran, name war **no** **3. (c) Social Security No.** **none**

4. Sex **male** **5. Color of face** **White** **6. (a) Single, widowed, married, divorced** **3**
6. (b) Name of husband or wife **unmarried** **6. (c) Age of husband or wife if alive** **years**
7. Birth date of deceased **Sept 26 1882**
 (Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **4** If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business **John Ketteringham**

12. Name **John Ketteringham**

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

14. Maiden name **Mary McPherson**

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

16. (a) Informant **Record Clerk**
(b) Address **St. Luke's Hosp.**

17. (a) Removal **(b) Date thereof** **9-31-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Valley Iowa**
18. (a) Signature of funeral director **Ernest Mayhew**
(b) Address **2315**
19. (a) 7-31-43 **(b) P. C. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** **(b) County** **Jackson**
 (c) City or town **Kansas City** **8**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2827 Wyandotte**
 (If rural give location)
 (e) Citizen of foreign country? (Yes or No) **no**
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **7** day **30**
 year **1943** hour **12** minute **30 P.**
21. I hereby certify that I attended the deceased from **7-25**
1943, 19____, to **7-30-43**;
 that I last saw him alive on **7-30-43**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC DECOMPENSATION**
 Due to **950²**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy **None**
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? _____
 While at work? _____ (Specify type of place) (2) Means of injury _____
23. Signature **Dr. May R. Brown** (M. D. or other)
Address **St. Luke's Hosp.**

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 Ray E. Innes

Licensed Embalmer No. 2560

P. O. Address H. C. M.

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.