

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 39

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 35 about years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES MICHAEL KE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased April 10 - 1866
(Month) (Day) (Year)

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

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

10. Usual occupation Bakery

11. Industry or business unk.

12. Name unk.

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

14. Maiden name unk.

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

16. (a) Informant Henry Becher

(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof July 29 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emergency

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

19. (a) 8/1/1943 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/1/43 to 7/27/43
that I last saw him alive on 7/25/43
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic passive congestion

Due to arteriosclerotic HT disease

Due to _____

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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? _____

While at work? _____ (Specify type of place)

23. Signature W. Gallensten M.D. (M. D. or other) _____
Address New Madrid, Mo. Date signed 7/31/43

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

22
4
U

RECEIVED

District Health Office No. 2,

District File Number 843-1087

Date Filed 8-18-43

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... Leo Adelguth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.