No. 2
M—2-43
5-17-39

FILED OCT 25 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34731

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 819

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

1. PLACE OF DEATH:
(a) County Greene County
(b) City or town Springfield, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 728 South Main. Av. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Three months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 37
(c) City or town Springfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 728 S Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Della Keltner.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marion Keltner
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased October 5th, 1869 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
73		11	29	hr. min.

9. Birthplace ~~Missouri~~. Unk. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Columbia Kerr.
13. Birthplace ~~Tennessee~~. Unk. Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Harper.
15. Birthplace ~~Tenn-see~~. Unk. Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Lum Keltner.
(b) Address Nixa, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct, 5-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetary.
18. (a) Signature of funeral director T. W. Maples
(b) Address Clever Mo
19. (a) 10-5-43 (Date received local registrar) (b) Dr W E Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1943 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 30, 1943, to Oct 4, 1943 that I last saw her alive on Oct 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Kidney trouble
Due to —
Other conditions normal 83 a
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) no
(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? no (e) Means of injury
23. Signature U F Kerr (M. D. or other)
Address Springfield Mo Date signed Oct 5 43

(Licensed Embalmer's Statement on Reverse Side)

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.....Clever 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.