

FILED DEC 17 1943

Registration District No. 375

Primary Registration District No. 4478

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Lancaster  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jule Harrison Keller

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 Myrtle Keller 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Nov 29 1876  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Frankford Ia  
(City, town, or county) (State or foreign country)

MOTHER, FATHER

10. Usual occupation M.D. Doctor

11. Industry or business

12. Name Frank Keller  
13. Birthplace France 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Eloyna Harold  
15. Birthplace Ia  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Keller  
(b) Address Lancaster Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation in memorial  
18. (a) Signature of funeral director Loyal Moore  
(b) Address Dorning Mo.  
19. (a) Nov. 16, 1946 (Date received local registrar) (b) A.A. Justice (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler  
(c) City or town Lancaster  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1943 hour 7 minute 40 P.M.  
21. I hereby certify that I attended the deceased from Nov. 6 1943, to Nov. 23 1943, that I last saw him alive on Nov. 13 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Heart arrest Instantaneous  
Due to Chronic diabetes mellitus with myocardial degeneration (among) (year) 40  
Due to Trunk's probably coronary sclerosis  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61  
Of autopsy

Duration  
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) (e) Means of injury.....  
23. Signature Eda M. Nulton (M.D. or )  
Address Lancaster, Mo. Date signed Nov. 26 1943

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

RECEIVED

District Health Officer No. 10

District File Number 12-43-2022

Date Filed DEC 15 1943

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 Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Doubling 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.