

FILED FEB 14 1944

Primary Registration District No. 3026

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 910 W. Van Horn
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sue Leader Keller

3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Female / race wh
5. Color or race wh
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife John T. Keller
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July (Month) 2 (Day) 1866 (Year)

8. AGE: Years 77 Months 6 Days 9
If less than one day _____ pr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Meredith S. Masters

13. Birthplace Nicholsville Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Leader

15. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nell E. Masters

(b) Address 803 W. Van Horn

17. (a) Burial (b) Date thereof Jan 13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott + Mitchell
(b) Address 310 N Main St Indep, Mo

19. (a) 1-13-44 (b) James W. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 11
year 1944 hour 7 minute AM

21. I hereby certify that I attended the deceased from Nov 3 1943 to Jan 11 1944
that I last saw her alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Post Bronchopneumonia Right
Duration 2 1/2 hrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

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) (e) Means of Injury _____

23. Signature George W. ... (M. D. or other) _____

Address Independence Mo Date signed 1/12

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.....

Licensed Embalmer No.....

P. O. Address.....

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.