

FILED FEB 11 1944

Registration District No. 193

Primary Registration District No. 5578

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Duenweg
(c) Name of hospital or institution Residence
(d) Length of stay: In hospital or institution All life
In this community All life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Duenweg
(d) Street No. Residence
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Hazel C. Keller

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 3, 1892 (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Proofreader

11. Industry or business

12. Name Sam Keller

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

14. Maiden name Robie Scott

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

16. (a) Informant Myrtle J. Keller (b) Address Duenweg Mo

17. (a) Burial (b) Date thereof 1-8-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Jonlin, Missouri

19. (a) Jan. 8, 1944 (b) Mrs. Lillie Lage (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6 year 1944 hour 8:00 P. M. minute M.

21. I hereby certify that I attended the deceased from January 4, 1944, to January 6, 1944, that I last saw her alive on January 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 1 week

Due to 108

Other conditions Mild asthma 2 yrs.

Major findings: Of operations 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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 23. Signature J. H. Morgan (M. D.) Address Date signed 1-7-44

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

X35697

149

1180

44-1-124

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 *Terry K. Hulbert*

Licensed Embalmer No. 959

P. O. Address *Japan, Miss*

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.