

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 23  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Wells City 49  
(If outside city or town limits, write "RURAL")

(d) Street No. 602 N. 2nd  
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Lee Kettle

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1945 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from 10-2-44  
1944 to 1-17-45 1945  
that I last saw her ER alive on 1-15th 1945  
and that death occurred on the date and hour stated above.

5. Color of race White

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

6. (b) Name of husband or wife H. Howard

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

7. Birth date of deceased Sept 20 1883  
(Month) (Day) (Year)

Immediate cause of death CA-UTERINUM

Due to METASTASIS FROM UTERUS

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 486

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>3</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Miller

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. J. H. Hedgeroth

(b) Address Carterville

17. (a) Burial (b) Date thereof Jan 23 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville, Mo.

18. (a) Signature of funeral director Wells City, Mo.

(b) Address Wells City, Mo.

19. (a) Jan 20 1945 (b) Mrs. Lillie Taylor  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury ?

23. Signature J. M. Bruce (M. D. or other) D.O.  
Address CARTERVILLE, MO Date signed 1-17-45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

9569

1180

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 *myself*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Clayton M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *Webb City 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.