S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23431

State File No.

FILED JUL 17 1945

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: University Hospitals 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 da (Specify whether
In this community 3 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10

(c) City or town Centralia 1
(If outside city or town limits, write "RURAL.")

(d) Street No. 330 S. Hickman 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Ketchum, John

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex MO

5. Color or race W

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

6. (b) Name of ~~husband~~ or wife Belle Baker Ketchum

6. (c) Age of ~~husband~~ or wife if alive 68 years

7. Birth date of deceased ~~June~~ 12 (Month) ~~16~~ 5 (Day) 1870 (Year)

8. AGE: Years 74 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Madison (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Hampton B. Ketchum
13. Birthplace Howard Co Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Hawker
15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Cook, Joe D (Son-in-Law)
(b) Address 612 Turner, Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 18 45 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo Cem

18. (a) Signature of funeral director [illegible]
(b) Address Centralia Mo

19. (a) 6/18-1945 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1945 hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from June 13, 1945, to June 16, 1945
that I last saw him alive on June 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, Pulmonary Edema	3 days
Due to Hypertension & Myocarditis	?
Due to Uremia, Nephritis chronic	?
Other conditions (Include pregnancy within 3 months of death)	

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? (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? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) MD
Address Columbia Mo Date signed 6-16-45

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number .....
Date Filed 7-16-45

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 M. J. McDonald

Licensed Embalmer No. 4313

P. O. Address Centralia 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.