S. No. 2
OM—5-43
v. 5-17-39
I X3667F

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36243

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4725

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2004 Agnes Avenue 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HARRY CLAY KELLER

3. (b) If veteran, name war No

3. (c) Social Security No. 493-22-4672

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mary Elizabeth Keller

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August (Month) 3rd. (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	3	13	hr. min.

9. Birthplace Pleasant Hill (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Kansas City Water Department

11. Industry or business

FATHER
12. Name Michael Keller
13. Birthplace (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Martha Hendrickson
15. Birthplace (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant Mrs. Mary E. Keller
(b) Address 2004 Agnes Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/ 19/ 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street

19. (a) 11-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th.
year 1945 hour 2 minute 24 A.M.

21. I hereby certify that I attended the deceased from January 7, 1943 to November 16, 1945
that I last saw him alive on Nov 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	1 day
Due to Annular Carcinoma of the sigmoid	2 years
Due to Gangrene of the cecum, ileum & sigmoid	1 week
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings:
Of operations Carcinoma of sigmoid & gangrene of intestines
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

23. Signature Carl T. Moore (M. D. or other) Do
Address 6508 E. 37th K.C. 3 Mo Date signed 11-16-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Moore
6508 E 37th St (AVE 7267)
1 till 6-0 clk

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. 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.