

S. No. 2  
A-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17466

FILED JUN 5 1946  
Registration District No. 229

Primary Registration District No. 5809

State File No. \_\_\_\_\_

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Rural - Danville Townshp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 Miles South-East New Florence,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 80 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 Miles South-East New Florence  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Herman Keethler

3. (b) If veteran, X name war \_\_\_\_\_  
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Katie Keethler  
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September 24 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 7 23 hr. \_\_\_\_\_ min.

9. Birthplace Montgomery County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William Keethler

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

14. Maiden name Christine Kobusch

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

16. (a) Informant Mrs. Katie Keethler

(b) Address New Florence, Mo.

17. (a) Burial (b) Date thereof 5/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hugo

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City, Mo.

19. (a) 5-19-46 James O. Adams, Jr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1946 hour 4:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from November 10  
1945 to May 17 19 46  
that I last saw him alive on May 16 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Subacute Myocarditis with  
Myocardial Degeneration  
Due to Influenzal infection  
Due to \_\_\_\_\_

Duration  
5 wks.  
6 weeks ago.

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

Major findings:  
Of operations X  
Of autopsy X  
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 kind of place)  
Means of injury \_\_\_\_\_  
23. Signature J. H. Thompson (M. D. or other) D.O.  
Address New Florence, Mo. Date signed 5/19/46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed..... 6-4-46

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 on the 17 th  
day of May 1946

working under my personal supervision.

Registered Apprentice No.....

Signed.....

*C. W. Hopkins*  
C. W. Hopkins

Licensed Embalmer No..... 1487

P. O. Address..... Montgomery 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.