S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29460

FILED SEP 16 1946

Registration District No. 70 Primary Registration District No. 3002 Registrar's No. 120

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 403 Southwestern Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clinton Orville Ketchum
3. (b) If veteran, name war World War #1.
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 Mable Ketchum
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Febr. (Month) 15 (Day) 1895 (Year)
8. AGE: Years 51 Months 6 Days 17 If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Day Laborer
11. Industry or business
FATHER 12. Name Robert Ketchum
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Massey Hocker
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Clinton Ketchum
(b) Address Mexico, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 4 (Day) 46 (Year)
(c) Place: burial or cremation Hickory Grove cemetery Boone County, Mo.
18. (a) Signature of funeral director Earl E. Field
(b) Address Mexico, Missouri
19. (a) 9-4-1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 2 day
year 1946 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from Aug 25, 1946, to Sept 2, 1946; that I last saw him alive on Sept 1, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83A
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 C L Garcia (M. D. or other)
Address Mexico Mo Date signed Sept 3 '46

9 (Licensed Embalmer's Statement on Reverse Side)

DEC 30 1946

OCT 8 1946

RECEIVED
District Health Officer No. 10
District File Number 9-46-1228
Date Filed SEP 11 1946

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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Missouri.

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.