

FILED NOV 20 1946

Registration District No. 30

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4038

State File No. 36051

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Warsaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Warsaw
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Louis Kett

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Black

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Oct
(Month)

8 1865
(Day) (Year)

8. AGE:

Years Months Days If less than one day
81 1 5 hr. min.

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

10. Usual occupation Common Labor

11. Industry or business _____

12. Name Henry Kett

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Beat

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Durn

(b) Address 403 S. Commercial, Windsor Mo

17. (a) Burial (b) Date thereof 11/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warsaw Cemetery

18. (a) Signature of funeral director Rev. James Home

(b) Address Warsaw Mo

19. (a) 11/14/46 (b) Jas. A. Logan
(Date received, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1946 hour 1 minute 30

21. I hereby certify that I attended the deceased from Nov 12 1946 to Nov 13 1946
that I last saw him alive on Nov 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchial

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy 107

Duration
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 type of place)
(e) Means of injury _____

23. Signature W. H. Hart (M. D. or other)
Address Warsaw Mo Date signed 11/13/46

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

MOTHER FATHER

10-46-2082

~~11-19-46~~

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.....

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

Signed..... *John F. Riser*
Licensed Embalmer No. *4098*
P. O. Address..... *Warsaw*

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.