No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39963

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 173

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution: 118 LIBERTY STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 1 WEEK
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

(c) City or town EXCELSIOR SPRINGS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 118 LIBERTY 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME MRS. HAZEL EDITH KELLER

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ MR. SAM KELLER

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

7. Birth date of deceased MARCH (Month) 10 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	9	15	hr. min.

9. Birthplace MYSTIC (City, town, or county) IOWA 1 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name CHARLES BISBY
13. Birthplace GRUNDY COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name ELLA McMURRY
15. Birthplace LOCKRIDGE (City, town, or county) IOWA 1 (State or foreign country)

16. (a) Informant MR. CHARLES BISBY
(b) Address 118 LIBERTY STREET

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC-27-1946 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation D.W. NEWCOMER'S SONS K.C. MO

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address KANSAS CITY, MISSOURI

19. (a) 12/27/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 25TH
year 1946 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from 12/20/46, 19__, to 12-24, 1946 that I last saw her alive on 12-24, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Breast with Extensive General Metastasis	6 months
Due to	
Due to	
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 C. B. Robbins (M. D. or other) MD

Address Excelsior Springs Mo. Date signed 12/26/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-47

NOV 28 1956

Excelsior Springs, Mo.

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.