

FILED FEB 5 1947

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

Registration District No. 55

Primary Registration District No. 5200

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Carrroll  
(b) City or town Walden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 All life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carrroll  
(c) City or town Walden  
(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

MINNIE SMITH KELLER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ed Keller 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Nov. 22 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Eugene Township (City, town, or county) (State or foreign country) D

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas H. Smith  
13. Birthplace Ky (City, town, or county) (State or foreign country) Ky  
14. Maiden name Levine Jenkins  
15. Birthplace Ky (City, town, or county) (State or foreign country) Ky

16. (a) Informant Ed Keller  
(b) Address Walden

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Willis Chapel

18. (a) Signature of funeral director Methodist Church Home

(b) Address Carrrollton Mo

19. (a) 1/18/47 (Date received local registrar) (b) Dr. Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 1945 to Jan 1947  
that I last saw her alive on Nov. 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart  
Due to myocardial degeneration  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 2

23. Signature P. W. Lowrey (M. D. or other) DO  
Address Carrrollton Mo Date signed 1/17/47

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-31-47

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 \_\_\_\_\_

Frank G. Rea, Registered Apprentice No. 457  
working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 25-257

P. O. Address Cannelton

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

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