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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1947
Registration District No. 277

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5749

State File No. _____
Registrar's No. 4

Primary Registration District No. 5752

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Rural Spencer
(c) Name of hospital or institution: 5 1/2 mi N.E. of Vandalia
(d) Length of stay: In hospital or institution 43 years
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Rural Spencer
(d) Street No. 5 1/2 mi N.E. of Vandalia
(e) Citizen of foreign country? Naturalized
If yes, name country about 1885

3. (a) PRINT FULL NAME Carl Jacob Keller
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17th year 1947 hour 9 minutes 30 A. M.
21. I hereby certify that I attended the deceased from _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Keller
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 23 1863
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart
S. Sute Irritation
Duration _____

8. AGE: Years 83 Months 6 Days 24 If less than one day hr. _____ min. _____

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

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Keller

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

14. Maiden name Christiana Kirchner

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

16. (a) Informant Mrs Paul Evans
(b) Address Monroe City, Mo

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

(c) Place: burial or cremation Vandalia, Mo
(d) Signature of funeral director W. B. Waters
(e) Address Vandalia, Missouri
(f) Date Feb 18 1947 (g) Bill Robison (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(e) Means of injury _____
23. Signature S. A. Goodwin
Address Louisiana, Mo Date signed 2-17-47

MOTHER FATHER

M. F.

254

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District File No. Officer No. 10
District File Number 3-47-490
Date Filed MAR 1 1947

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 Wm B Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.