

S. No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13922

Registration District No. 160 Primary Registration District No. 5572 Registrar's No. 26

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town Hematite (Rural)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jefferson 50  
(c) City or town Hematite Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Keller  
3. (b) If veteran, name war. 3. (c) Social Security No.  
4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased November - 20 - 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 5 year 1947 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 3-21 1947 to 4-5-47 1947  
that I last saw h. or alive on 4-2-47 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 4 15 hr. min.

Immediate cause of death: arterio-sclerotic heart disease  
Due to arteriosclerosis

9. Birthplace Hematite Mo.  
(City, town, or county) (State or foreign country)

Other conditions chronic nephritis.  
(Include pregnancy within 3 months of death)

10. Usual occupation none  
11. Industry or business housewife

Major findings: Of operations: Of autopsy: 9/3/47  
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Edward Keller 5  
13. Birthplace Dornac France  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephina Casper  
15. Birthplace Debota Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant June Keller  
(b) Address Hematite Mo.

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?

17. (a) Burial (b) Date thereof 4-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hematite Methodist Cem.

18. (a) Signature of funeral director H. S. Vinigard  
(b) Address Festus Mo.

23. Signature (M. D. or other) Address signed 4-7-47

19. (a) April 7, 1947 (b) Cleon Bellard  
(Date received local registrar) (Registrar's signature)

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

142

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1959

---

---

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.....  
*A. H. Ormrod*

Licensed Embalmer No. *3010*

P. O. Address.....  
*Foster 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.**