

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

FILED JUN 20 1947

Registration District No. **42**

Primary Registration District No. **5132**

1. PLACE OF DEATH:

(a) County **Buchanan** *W. V. NE. Twp B*  
(b) City or town **Rural #1 Halle Station**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **RF #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Not**  
In this community **1 year**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //  
(c) City or town **Rural #1, Halle,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **RFD #1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**Mary Elizabeth 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 **Daniel W. Keller**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **June 19 1889**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>57</b>	<b>11</b>	<b>27</b>	hr. min.

9. Birthplace

**Ramsey Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation

**Housewife**

11. Industry or business

MOTHER FATHER {

12. Name **W. A. Leach**

13. Birthplace **Unknown Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Manon**

15. Birthplace **Unknown Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Daniel W. Keller**

(b) Address **Rural #1, Halle, Missouri**

17. (a) **Burial** (b) Date thereof **6/20/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Mattie Muehlbauer**

(b) Address **1946 Colhoun, St. Joseph, Mo.**

19. (a) **6-23-47** (b) **G. L. Jenkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16th.**  
year **1947** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **June 17th 47** 19... to 19...  
that I last saw her alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Womb (Carcinoma)**

Duration

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?

While at work?..... (Specify type of place) (c) Means of injury **Coroner**

23. Signature **B. W. Tadlock** (M. D. or other)  
Address **King Hill Bldg** Date signed **6/19/47**

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

**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.....

*George King Bernuelle*....., Registered Apprentice No. *508*  
working under my personal supervision.

Signed..... *Walter M. Kopp*.....

Licensed Embalmer No. *4244*.....

P. O. Address *St. Joseph, Missouri.*.....

**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.**