S. No. 2
1—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23168

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 92

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 509 S. Tower 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 ..... years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 509 S. Tower 21
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Solomon-Lee-Ketterman

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M S 5. Color or race N 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 21

6. (b) Name of husband or wife Ella Bell Ketterman 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 26 (Day) 1871 (Year)

8. AGE: Years 76 Months 0 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace ✓ (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Ad Ketterman
13. Birthplace ✓ (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Margaret Davis
15. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Ernest R. Ketterman
(b) Address 509 S. Tower

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada Missouri

19. (a) 7-1-'47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 551

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1947 hour ✓ minute ✓ M.

21. I hereby certify that I attended the deceased from 14 February, 1947, to 17 June, 1947
that I last saw him alive on 14 June, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial failure	
Due to Chronic Myocardial Degeneration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Roy W. Pearce (M. D. or other) MW
Address Nevada Mo Date signed 20 June 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-42-79Y
Date Filed 2-7-42

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.....

Licensed Embalmer No. 1760

P. O. Address. Nevada, 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.