

No. 2
1-47
5-17-39

35082

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 23 1947

National Office of Vital Statistics

Registration District No. 2517

Primary Registration District No. 20457

Registrar's No. 95-

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 227 W. Commercial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Almost all of Life. (Specify whether
In this community years; months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston
(If outside city or town limits, write "RURAL")

(d) Street No. 227 W. Commercial
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mollie Ketterer Test

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th
year 1947 hour 9:00 minute 50 P./M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George D. Test, Dec'd

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

7. Birth date of deceased April 25, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 12 1947 to Sept 4 1947
that last saw him ER alive on Sept 2
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>4</u>	<u>9</u>	hr. min.

Immediate cause of death Strokes

Arteriosclerosis

Due to Chronic nephritis

Due to Myocarditis

Other conditions (include pregnancy within 3 months of death)

9. Birthplace Cape Girardeau Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Benjamin Ketterer

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

14. Maiden name Amelia Straub

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

16. (a) Informant Albert T. Test

(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 9-8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvany Cemetery
(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director John Simpson

(b) Address Charleston, Missouri

19. (a) 10-14-47 (b) Miss John Simpson
(Date received local registrar's certificate) (Registrar's signature)

Major findings: Of operations NO

Of autopsy NO

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? (Specify type of place)

While at work: Means of injury

23. Signature E. Allen Salvey (M. D. or other)

Address Charleston, MO Date signed 9/28/47

Duration

1 week

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

NOV 29 1961

RECEIVED

District Health Office No. 2

District File Number 1097-135

Date Filed 10-20-47

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 _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.