S. No. 2
—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 237

FILED JAN 12 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 11

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1304 So. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1304 So. 9th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KATE G. KELLER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John C.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December (Month) 22, (Day) 1877 (Year)

8. AGE: Years 71 | Months 0 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Rushville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name George Allison
13. Birthplace DeKalb, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Gillespie
15. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mrs. Alice Brown (daughter)
(b) Address 1304 So. 9th St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cemetery
18. (a) Signature of funeral director John Caupp
(b) Address 6054 Pryor Ave., City
19. (a) 1-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3, year 1948 hour 9 minute :55 A.M.

21. I hereby certify that I attended the deceased from Dec 20, 1946, to Jan 3, 1948, that I last saw her alive on Dec. 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	8 days
Due to: Generalized arteriosclerosis	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83B

PHYSICIAN
Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury

23. Signature Benjamin M. Riles (M. D. or other) DO
Address 6207 King Hill Ave St Joseph, Mo. Date signed Jan 4, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.