

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 30 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community since 1898 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1222 Merriwether Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William S. Keller

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Morton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 13th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 0 hr. _____ min.

9. Birthplace Near Terre Haute Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paperhanger

11. Industry or business Self employed

MOTHER FATHER { 12. Name Don't Know 9
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Morton

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 3-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 3-22-48 (b) C. C. Seemann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13
year 1948 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 1946
_____, 19____, to March 13, 1948
that I last saw him alive on March 13th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block
Due to Coronary atherosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
94A

Duration _____
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) (e) Means of injury 0
23. Signature W. H. Wernick (M. D. or other)
Address Cape Girardeau, Mo Date signed 3-14-48

RECEIVED

Health Officer No. 4
File No. 348-396
3-29-48

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 William Lee Thomas

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.