

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15958

FILED JUN 1 1948
Registration District No. 20

Primary Registration District No. 4198

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County: Gentry
(b) City or town: King City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: All life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Gentry
(c) City or town: King City
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Thomas Ketchem

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

4. Sex: Male
5. Color or race: Cau.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Martha
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Apr. 27 1972
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 14 If less than one day hr. min.

9. Birthplace: Union Star Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Same

12. Name: Carey Ketchem

13. Birthplace: Union Star Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Mary Robison

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

16. (a) Informant: Jim Ketchem

(b) Address: King City Mo. R.R.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof: 5.13.1948 (Month) (Day) (Year)

(c) Place: burial or cremation: King City Mo.

18. (a) Signature of funeral director: P. J. Haggard

(b) Address: King City Mo.

May 20 1948 Thomas K. Ketchem (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 11 year: 1948 hour: 1:20 minute: A.M.

21. I hereby certify that I attended the deceased from: JAN 10 1948 to: MARCH 10 1948
that I last saw him alive on: MARCH 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver with metastases thru out intestines

Due to: Out intestines
Due to:
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: H68
Of autopsies:

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? (Specify means of injury)
23. Signature: P. J. Haggard (M. D. or other)
Address: King City - Mo. Date signed: 5-13-48

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *R. G. Taggart*

Licensed Embalmer No. 2 563

P. O. Address..... King City 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.