

Registration District No. 93

Primary Registration District No. 5185

State File No. _____
Registrar's No. 272

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town rural-3 1/2 mi SE Gordonville, (CAPE GIRARDEAU)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in either - see above
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not in either
(Specify whether years, months or days) entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town rural-3 1/2 mi SE Gordonville 1/6
(If outside city or town limits, write "RURAL")
(d) Street No. see above
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME Anna Wilhelmina Keller
3. (b) If veteran, name war -- 3. (c) Social Security No. -----
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Julius Otto Keller 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Oct. 31, 1966
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 28
year 1948 hour 11:45 minute A M.
21. I hereby certify that I attended the deceased from Aug. 30th 1948 to Aug. 28th 1948
that I last saw her alive on Aug. 28th 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 9 28 hr. 0 min.
9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired housewife

Immediate cause of death Myocardial Insufficiency (Congestive Heart Failure) Duration _____
Due to Cardiovascular-Renal disease
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

MOTHER { 12. Name Friederich Schwab 4
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elisabeth Schneider
15. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Walter Keller
(b) Address RFD 1 Gordonville, Mo.
17. (a) Burial (b) Date thereof Aug. 30, '48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Lutheran Cemetery
18. (a) Signature of funeral director Wm. S. Johnson
(b) Address Cape Girardeau, Mo.
19. (a) 8-31-48 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____
13/10
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 _____
23. Signature Robert A. Tisdall (M. D. or other) MD
Address Jackson, Mo. Date signed 8/30/48

RECEIVED

District Health Officer No. 4

District File Number 948-

Date Filed 9-27-4

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 Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.