No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25749

Primary Registration District No. 6273

Registrar's No. 23

1. PLACE OF DEATH:
(a) County CHRISTIAN
(b) City or town NIXA "RURAL" Porter T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHRISTIAN 22
(c) City or town NIXA "RURAL" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELMER GORDON KELTNER
3. (b) If veteran, name war NO
3. (c) Social Security No. 499-14-0116
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY ALICE CHASTAIN KELTNER
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 3 (Month) 22 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	5	3	..... hr. ..... min.

9. Birthplace CHRISTIAN CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name HENRY HARRISON KELTNER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY M. JOHNSTON
15. Birthplace OKLAHOMA (City, town, or county) (State or foreign country)
16. (a) Informant MRS. MARY A. KELTNER
(b) Address NIXA, MISSOURI.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-27-1948
(c) Place: burial or cremation McCONNEL CEMETERY? Near NIXA, MO.
18. (a) Signature of funeral director John Dean Harris
(b) Address CLEVER, MO.
19. (a) Aug 27 1948 (Date received by local registrar) (b) Allene Dixon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1948 hour 7 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 20 ....., 19 48 to Aug 25 19 48 that I last saw ~~him~~ alive on Aug 20 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorage	8 days
Due to Essential Hypertension	about 2 yrs
Due to unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury
23. Signature R. R. Farthing (M. D. ~~or other~~)
Address Ozark Mo Date signed 8-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 948-1019
Date Filed SEP 10 1948

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 Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.