

No. 2
12-45
17-39
K47070

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Helen Roberta Keltner Eastmead

3. (b) If veteran, name war None 3. (c) Social Security No. Yes

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

6. (b) Name of husband or wife Edward L. Eastmead Jr. 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased January 8, 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>9</u>	<u>1</u>	hr. min.

9. Birthplace Lamar, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Row W. Keltner

13. Birthplace Unknown Calif.
(City, town, or county) (State or foreign country)

14. Maiden name Virgie Winifred Thomas

15. Birthplace Lewisville, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V. W. T. Keltner

(b) Address 726 E. 3rd. Carthage, Mo.

17. (a) Burial (b) Date thereof 8-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn (Jasper)

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) AUG. 11, 1948 (Date received local registrar) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 726 East 3rd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1948 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from July 10, 1948 to Aug 9, 1948
that I last saw her alive on Aug 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations 13

Of autopsy _____

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 _____

Signature Jane E. Deuglass (M. D. or O.D.)

Address Health City, Mo Date signed 8/10/48

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

DEC 7 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 S. Penney

Licensed Embalmer No. *4194*

P. O. Address. *Carthage, 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.