FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 24 1948

Registration District No. 297

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27355

Primary Registration District No. 3056

Registrar's No.

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Miscouri Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days) In this community: life time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Randolph

(c) City or town: Moberly
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: ROSA BELLE KETHUM

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

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: None years

7. Birth date of deceased: June (Month) 3rd (Day) 1894 (Year)

8. AGE: Years 64 Months 2 Days 17 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) U (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

MOTHER FATHER

12. Name: Christopher Kethum

13. Birthplace: Jellmors (City, town, or county) I (State or foreign country)

14. Maiden name: Sallie Cook

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

16. (a) Informant: Lucy Smith

(b) Address: Higbee

17. (a) Burial (Burial, cremation, or removal) (b) Date then: Aug 22-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Higbee Center

18. (a) Signature of funeral director: S. Robinson

(b) Address: Armstrong Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1948 hour 12 minute A.M.

21. I hereby certify that I attended the deceased from Aug 13, 19..., to Aug 20, 1948, that I last saw h.e.r. alive on Aug 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	7 days
Due to	
Due to	
Other conditions: Diabetes mellitus	

(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: V. H. Helms M.D. (M. D. or other)

Address: Higbee, Mo. Date signed 8-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 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 H. S. Robson

Licensed Embalmer No. 3001

P. O. Address Armstrong

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.