S. No. 300
M—10-47
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 280

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30652

Primary Registration District No. 5960

Registrar's No. 7

**1. PLACE OF DEATH:**

(a) County Platte

(b) City or town Rural - Greene
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Lifetime
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Platte 83

(c) City or town Rural 0
(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 Alfred Ketchum

3. (b) If veteran, name war ____

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Marie Ketchum

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 9 (Month) 11 (Day) 1886 (Year)

8. AGE: Years 61 | Months 11 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Platte Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name James C. Ketchum 0
13. Birthplace Jackson Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Holland 0
15. Birthplace Platte Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Ketchum
(b) Address Dearborn Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Davis Chapel Cem.

18. (a) Signature of funeral director Rollins & Noah
(b) Address Edgerton Mo.

19. (a) 9-8-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature) 7 E W

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. 27 day 27
year 1948 hour 11 AM minute ____ M.

21. I hereby certify that I attended the deceased from May 31, 1948 to Aug. 27, 1948
that I last saw him alive on Aug. 27, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 4 mo |
| " " | 3 days. |
| Due to Arteriosclerotic and hypertensive Heart disease | 2 years |
| Due to ____ | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations ____
Of autopsy ____

93

PHYSICIAN
Underline the cause to 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 S. L. Durham (M. D. or other)
Address Dearborn Mo. Date signed 9-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-30-48

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**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 Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton Ohio

**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.**