

No. 300  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 16 1948  
Registration District No. 42

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
5125  
Primary Registration District No.

35750  
State File No.  
1194  
Registrar's No.

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

1. PLACE OF DEATH:  
Buchanan  
(a) County Buchanan  
(b) City or town St. Joseph (rural) Center  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Highway # 59 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS KELING  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive, 1878 years  
7. Birth date of deceased July 15, 1878 (Month) (Day) (Year)

8. AGE: Years 70- Months 3 Days 21 If less than one day hr. min.

9. Birthplace Buchanan Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant C.A. Jenkins (nephew)

(b) Address DeKalb, Missouri

17. (a) Burial (b) Date thereof 11/8/48 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John C. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) 11-8-48 (b) T. B. Jenkins (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town ~~St. Joseph~~ DeKalb, (If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 1 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6 year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 11-6-48 to 11-6-48

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when struck by auto

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1701

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-6-1948

(c) Where did injury occur Rural Buchanan Co., Mo.

(d) Did injury occur in or about home, on farm, or industrial place, in public place? public place

While at work? no (Specify type of place)

(e) Means of injury auto

23. Signature B. W. Tadlock

Address King Hill, Mo.

Date signed 11/8/48

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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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**