

FILED FEB 9 1945

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton mo  
(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 \_\_\_\_\_)  
In this community all life years, months or days

2. USUAL RESIDENCE-OF DECEASED:

(a) State mo (b) County Henry 42  
(c) City or town Clinton mo  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. 241 N water st  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED KECK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex 0 M 5. Color or race w  
6. (a) Single, widowed, married, divorced mar  
6. (b) Name of husband or wife Emma  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Dec 24 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Henry Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

12. Name Constantine Keck

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

14. Maiden name Emma Holey

15. Birthplace Montgomery Co Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Keck

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 1-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Chas. W. Beck

(b) Address Clinton mo

19. (a) January 26, 1945 (Date received local registrar)  
Georgia R. Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1945 hour \_\_\_\_\_ minute 7 A. M.  
21. I hereby certify that I attended the deceased from Jan 22 1945 to Jan 24 1945  
that I last saw him alive on Jan 23 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Nephritis + 3 years  
(Include pregnancy within 3 months of death)  
Major findings: Hypertension  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature R. H. Wallingworth (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address Clinton Mo Date signed 1/27/45

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

2  
1  
2

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 15 1948

*1-45-62*  
*2-8-45*

**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..... *J. E. Conover*  
Licensed Embalmer No. *1891*  
P. O. Address..... *Clinton 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.**