

No. 300
1-10-47
5-17-39
1 3906

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 897
Registrar's No. 28

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community all life
years, months or days

3. (a) PRINT FULL NAME EMMA KECK

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife ~~_____~~

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

7. Birth date of deceased: APR 16 2 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 10 0 hr. min.

9. Birthplace: HENRY Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSE WORK

11. Industry or business _____

12. Name PETER DEHN

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

14. Maiden name Susan rose

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

16. (a) Informant Mrs Mary meyer

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 2-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLE WOOD

18. (a) Signature of funeral director Condon & Pick

(b) Address _____

19. (a) 2-4-48 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")

(d) Street No. 241 North Water st.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1948, to Feb 3, 1948
that I last saw her alive on Feb 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 2 days

Due to _____

Due to _____

Other conditions Generalized Peritonitis 5 days
(Include pregnancy within 3 months of death)

Major findings: due to ruptured appendix PHYSICIAN

Of operations _____

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? No

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. R. S. Hall (M. D. or other)

Address Clinton Mo Date signed 2/4/48

MAR 15 1948

RECEIVED
District No. 7
District File Number 1-48-35
Date Filed 2-9-48

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. Consalus
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.