

FILED NOV 9 1948

State File No. ....

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 229

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

1. PLACE OF DEATH:  
 (a) County Henery  
 (b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Wetzel Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 1/2 hrs  
(Specify whether  
 In this community 4 1/2 hrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Henery 42  
 (c) City or town Urich  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6 miles north east of Urich  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

3. (a) PRINT FULL NAME Virginia Mae Keller  
 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 Sept, 10 1948  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 4<sup>th</sup>  
 year 1948 hour 1 minute 35 P.M.  
 21. I hereby certify that I attended the deceased from Sept 10, 1948 to Nov 4, 1948  
 that I last saw her alive on Nov 4, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition  
 Due to PRE Mature Birth  
 Due to .....

8. AGE: Years none Months I Days 24 If less than one day - hr. - min.  
 9. Birthplace Urich Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation none  
 11. Industry or business none

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:  
 Of operations 157  
 Of autopsy .....

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name John Wm. Keller  
 13. Birthplace Clinton Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Dorothy Ellen Dew  
 15. Birthplace Rifle Colorado  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Dorothy Keller  
Urich Missouri  
 (b) Address .....

17. (a) burial (b) Date thereof: 11/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Urich Cemetery

18. (a) Signature of funeral director F L Schaberg  
 (b) Address Clinton Missouri

19. (a) 11-6-48 (b) R R Bernier  
(Date received local registrar) (Registrar's signature)

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? L

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

23. Signature Clifford P. Powell (M. D. or other) MD  
 Address Clinton Missouri Date signed 11/6/48

RECEIVED  
District Health Officer No  
District File Number 10-48-12  
Date Filed 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 Francis Lee Schuber

Licensed Embalmer No. 4513

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.**