

JUL 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21268
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 40
(b) Township _____ Primary Registration District No. 4024 Registered No. 29
(c) City Lamar (d) Street No. _____
(e) Length of residence in city or town where death occurred 1/2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Samuel Kettner 435
(a) Residence, No. 401 Maple St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Kettner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 7 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greentown Missouri

13. NAME Samuel A. Kettner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Ada Kettner (ADDRESS) Lamar, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper Cemetery DATE June 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wheeler Mortuary Carthage, Missouri

20. FILED 6-26 1938 Mrs. Josephine Emmett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from September, 1937, to June 24, 1938
I last saw him alive on June 20, 1938. Death is said to have occurred on the date stated above, at 11:30 p. m.
The principal cause of death and related causes of importance were as follows:

Heart death.
cardiac decompensation.
auricular fibrillation.
Date of onset June 1, 38
Sept. 37

Other contributory causes of importance 95 B2

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Vern T. Bichel, M. D.
(Address) Lamar, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

P. W. K. Miller

Licensed Embalmer No.

814

P. O. Address

Carthage, 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, above space should be left blank.