

FILED DEC 17 1946

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 374

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 26
(c) City or town Jefferson City 0
(d) Street No. P. R. 4- 0
(If rural, give location)
(e) Citizen of foreign country? No! (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME

Paul Harvey Ketterman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color White (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 2 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 10 hr. _____ min.

9. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Luther C. Ketterman

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

14. Maiden name Jean L. Ketterman

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

16. (a) Informant Luther C. Ketterman

(b) Address P. R. 4- Jefferson City Mo.

17. (a) Burial (b) Date thereof 12-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coyteton Mo.

18. (a) Signature of funeral director Janna Kaurice

(b) Address 20 Jefferson City Mo.

19. (a) 12-9-46 (b) R. P. Darro MD
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1946 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 16, 1946
to Dec 5, 1946
that I last saw him alive on Dec 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Duration _____

Due to hypertensive arterial vascular disease

Due to _____

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

Major findings: Of operations _____

Of autopsy 158

PHYSICIAN

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? _____

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

23. Signature Luther C. Darro (M. D. or other) _____

Address Jefferson City Date signed 12-7-46

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

6
5
4

30021

48

Date Filed 12-10-46

District File Number _____

District Health Officer No. 9,

RECEIVED

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.

Body not embalmed J. W. Anderson
Signed _____

Licensed Embalmer No. 3641

P. O. Address Juno

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.