

S. No. 2
DM-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18992

Registration District No. 777

Primary Registration District No. 3016

Registrar's No. 147

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Marys Hospital
(d) Length of stay: In hospital or institution 7 days
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. R. R. # 4
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Beverly Jean KETTERMAN

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15
year 1948 hour 12 minute 20 A.M.

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

21. I hereby certify that I attended the deceased from June 10, 1948, to June 15, 1948; that I last saw her alive on June 15, 1948; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Single

Immediate cause of death Pneumonia
Due to Premature Birth

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 7 1948

Due to.....
Other conditions.....
Major findings: Of operations 159

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

Of autopsy Atelectasis of both lungs with terminal pneumonia

9. Birthplace Jefferson City, Mo.

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

10. Usual occupation Child

11. Industry or business.....

12. Name Arthur C. Ketterman

13. Birthplace Wyanon, Kansas

14. Maiden name Pearl Lee Ketterman

15. Birthplace Cole County, Mo.

16. (a) Informant Arthur C. Ketterman

(b) Address R. R. # 4, J. C. Mo.

17. (a) Burial (b) Date thereof 6-15-48

(c) Place: burial or cremation Cartertown, Mo.

18. (a) Signature of funeral director James Service

(b) Address 702 Jefferson

While at work? (Specify type of place) (c) Means of injury ⊙
Signature John S. Sennott (M. D. or other)
Address Rormish Miller Bldg. Date signed 6/15/48

19. (a) 6-16-48 (b) W. P. Darrist

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

26
5
4

MOTHER, FATHER

RECEIVED
District Health Officer No. 9,
District File Number
JUN 21 1948
Date Filed

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.....

Licensed Embalmer No. 3641

P. O. Address.....

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.