

FILED AUG 10 1945

Registration District No. 316

Primary Registration District No. 6068

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

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town R-1 Bonne Terre, Big River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 61, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 Big River Sup.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME

JOHN HENRY KETCHERSIDE

(b) If veteran, name war

(c) Social Security No. UNKNOWN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1945 hour 2 minute 38 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Jury Verdict: Unavoidable Accident Duration _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct 17 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace R-1 Bonne Terre Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Woodson Ketcherside

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

14. Maiden name Laura Masta

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

16. (a) Informant Jesse Ketcherside

(b) Address Blissburg MO

17. (a) Burial (b) Date thereof July 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director Bertram Hubbs

(b) Address 313 Berham Bonne Terre

19. (a) 7/28/45 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____

Of autopsy 1700 g

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) accident 9th

(b) Date of occurrence July 19, 1945

(c) Where did injury occur Bonne Terre, St. Francois, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo State Highway # 61
(Specify type of place) hit by truck

While at work? no (e) Means of injury truck

23. Signature Ber J. Miller (M.D. or other) _____

Address Farmington, MO Date signed 7/19/45

RECEIVED

District Health Officer No. 4

District File Number 845-94

Date Filed 8-9-45

STATEMENT BY LICENSED EMBALMER

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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

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Garner Street

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.