

REC'D SEP 16 1938

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

28451  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 91  
(b) Township Black River Primary Registration District No. 5125  
(c) City Hendrickson (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Keels 457

(a) Residence, No. Hendrickson St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1938  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Hendrickson 0  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Lloyd Keels 0  
14. BIRTHPLACE (CITY OR TOWN) Hendrickson 0  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Birdie Taylor  
16. BIRTHPLACE (CITY OR TOWN) Hendrickson  
(STATE OR COUNTRY) Missouri

17. INFORMANT Lloyd Keels  
(ADDRESS) Hendrickson, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Keels Cem. DATE Aug 20, 1938

19. FUNERAL DIRECTOR Greer Cray Serr  
(ADDRESS) Poplar Bluff, Mo.

20. FILED Aug 20, 1938 W. J. Bellham  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 19, 1938  
I last saw her alive on Aug 19, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Primal, was  
edematous and  
abdomen distended  
large about spinal  
Other contributory causes of importance:  
Card and large  
pleasenta  
showed a large mass  
mass on floor

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. J. Bellham, M. D.  
(Address) Poplar Bluff

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE MUST 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.

I X12004

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

*Not embalmed*

Signed.....

Licensed Embalmer No.....

**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.)**