

REC'D OCT 7 1938

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

33497
Do not use this space.

1. PLACE OF DEATH

(a) County STONE Registration District No. 842
(b) Township LINCOLN Primary Registration District No. 6259 Registered No. _____
(c) City CRANE (d) Street No. _____
(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. 2 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BARBARA ELLEN KEENER 560

(a) Residence, No. CRANE - MO. 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 Female 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) July 3 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
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) CRANE - STONE CO. MO.

13. NAME Edward Keener

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Claver MO.

15. MAIDEN NAME Grace SALKILL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic MO.

17. INFORMANT Mrs. Mrs. Keener (ADDRESS) CRANE MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wrights DATE Sept 11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family

20. FILED Spt 1 1938 Mrs Ethel Duggitt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1938 to SEPT 10 1938

I last saw her alive on Sept 10 1938 Death is said to have occurred on the date stated above, at 10:40 Am.

The principal cause of death and related causes of importance were as follows:

Polar pneumonia 1938
Acute salitis
Date of onset 9/6/38

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Alfred F. Stearns Jr. D.O., M.D.
Crane, Missouri (Address)

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.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-255
Date Filed 10-5-38

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.....

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, above space should be left blank.