

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.

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

43483
Do not use this space.

95690 JAN 25 1939

1. PLACE OF DEATH 2.

(a) County Jasper Registration District No. 410

(b) Township Sheridan Primary Registration District No. 5568 Registered No. 22

(c) City _____ (d) Street No. _____ St.

(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 Pearl King Chandler Keener

(a) Residence, No. Route #1 Carthage Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. E. Keener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1888

7. AGE YEARS 50 MONTHS 8 DAYS 9 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. House wife

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) Unknown / Kansas

FATHER

13. NAME Edwin R. King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. W. Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Unknown

17. INFORMANT (ADDRESS) Robert H. Chandler Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Cmn DATE Dec. 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Russell Mortuary Carthage, Mo.

20. FILED Dec. 27, 1938 Clara E. Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from called at time of death, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Coronary Occlusion Date of onset _____

Other contributory causes of importances: _____

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. H. Knott, M. D.

(Address) Jasper, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lucy Knell-Bucknell, Licensed Embalmer No. 2510

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Lucy Knell-Bucknell
Licensed Embalmer No. 2510

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.)