

REC'D MAR 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH7216  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566  
 (b) Township Mywappity Primary Registration District No. 3030  
 (c) City Charleston (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 Polly Keif

(a) Residence, No. 260 Marshall St. St.   
 (Usual place of abode, if no street address, write county or city) (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \*\*\*\*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 3 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper  
 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) Paducah, Kentucky

FATHER 13. NAME William Keif  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Betty McNeal  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co., Kentucky

17. INFORMANT (ADDRESS) Mrs H. C. Peirce, Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL (Family Plot) PLACE O'Bryan Landing DATE 3-2-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nunnelee Funeral Home, Charleston, Missouri

20. FILED 3-2-39 F. O. Vernon Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1939, to Feb. 28, 1939  
 I last saw him alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 9:15p.

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

Carcinoma of Breast  
+ Metastases of Lymphatic System  
 Date of onset 10/27/34  
50  
years

Other contributory causes of importance:

Arterio Sclerosis  
C. Intestinal Definite  
 Date of onset 1/4/27  
not

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 W. S. Low, M. D.  
 (Signed) \_\_\_\_\_ (Address) Charleston, Mo.

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.

**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, .....

*John P. Hanneke Jr*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*John P. Hanneke Jr*

Licensed Embalmer No. *3851*

P. O. Address *Charleston, N.C.*

**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.**