

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

**18685**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 324315  
 (b) Township ROBBERTSON Primary Registration District No. 5449 Registered No. \_\_\_\_\_  
 (c) City SPRINGFIELD of BRIGHTON Mo. R#1 \_\_\_\_\_ 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.  
300 ALBERT C. KEITH.  
 2. PRINT FULL NAME  
 (a) Residence, No. BRIGHTON, MO. R#1 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 MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS 73 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 about

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. on farm  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT M. L. Adams (ADDRESS) #1 Brighton Mo. R#1  
 18. BURIAL, CREMATION, OR REMOVAL Hazelwood May 9 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hingher Springfield, Mo.  
 20. FILED 5-9-39 Mrs Guy Freeman Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1939  
 22. I HEREBY CERTIFY, That I attended deceased from May 8 1939, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on May 8 1939. Death is said to have occurred on the date stated above, at 3:00 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach with generalized metastases  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 4/6  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? P&X 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) Ad Davis M. D.  
 (Address) Springfield, 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, or by.....

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

Signed

*J. B. Klugner*

Licensed Embalmer No.

*3358*

P. O. Address

*Springfield, W.*

**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.**