S.P.M.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 16 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26270

Registration District No. 567 Primary Registration District No. 4334 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 14 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM FLOYD KEEN
3. (b) If veteran, name war ✓
3. (c) Social Security No. 489-14-3289

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec. 18, (Month) (Day) 1904 (Year)

8. AGE: Years 34 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Blodgett (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ✓
FATHER
12. Name Chester Arthur Keen
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Viola Owens
15. Birthplace Dielstadt, Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature William Floyd Keen
(b) Address East Prairie, Mo
17. (a) ✓ (Burial, cremation, or removal) (b) Date thereof July 29 1939 (Month) (Day) (Year)
(c) Place: burial or cremation W. O. W. Cemetery
18. (a) Signature of funeral director Travis N. Shelby
(b) Address East Prairie Mo
19. (a) July 29-39 (Date received local registrar) (b) Mrs D M Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1939 11 hour minute A. M.
21. I hereby certify that I attended the deceased from July 28, 1939, to July 28, 1939; that I last saw him alive on July 28, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Heat Prostration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature P. Martin (M. D. or other)
Address East Prairie Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 2,
District File Number 239-123
Date Filed 8-14

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 Travis N. Shelby

Licensed Embalmer No. 2226

P. O. Address East Prairie

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.