

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **253**

1. PLACE OF DEATH: **2**
(a) County Butler
(b) City or town Poplar Bluff, 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 145 S. B
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles Oscar Keypley 140
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 24
year 1939 hour 11 minute am M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 7 9 _____ hr. _____ min.

Immediate cause of death Coronary Occlusion
Duration _____

9. Birthplace Salem, Ind
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Shoe Factory Worker

Other conditions _____
(Include pregnancy within 8 months of death)

11. Industry or business Hamilton Brown

Major findings: _____
Of operations _____

MOTHER FATHER
12. Name William Keypley
18. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Overton
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

Of autopsy none
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Maud Keypley
(b) Address Poplar Bluff, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Oct. 27, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Fairdealng, Mo.

(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Greer-Croy Service
(b) Address Poplar Bluff, Mo.

23. Signature Prover Wilcox (M. D. or other) Personel

19. (a) 10/27/39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Address Poplar Bluff Date signed Oct 25 39

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..... *Grover W. Greer*

Licensed Embalmer No. *2964*

P. O. Address..... *Poplar Bluffs*

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.