

Registration District No. 105Primary Registration District No. 5161Registrar's No. 36

## 1. PLACE OF DEATH:

(a) County Callaway Co. Mo.  
(b) City or town Rural  
(c) Name of hospital or institution none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)3. (a) PRINT FULL NAME LAURA KEYLON 4503. (b) If veteran, name war no 3. (c) Social Security No. 904. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years7. Birth date of deceased Unknown  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
Probably 90 years old hr. min.9. Birthplace Callaway County, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business none12. Name Unknown13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. E. Moseley(b) Address Subbitts17. (a) Buried (b) Date thereof Nov. 6, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Subbitts Colored Cemetery18. (a) Signature of funeral director Glen J. Maxson(b) Address 700 Court Walker, Mo. 18719. (a) 11/6 1939 (b) W. W. Williamson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway(c) City or town Rural  
(If outside city or town limits, write "RURAL")(d) Street No. Cote Sans Dessein  
(If rural, give location)(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th  
year 1939 hour 3 minute P M.21. I hereby certify that I attended the deceased from October 16, 1939, to Nov. 1, 1939;that I last saw her alive on Nov. 1, 1939;  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Valvular Heart Disease  
Duration Do not knowDue to \_\_\_\_\_Due to \_\_\_\_\_Other conditions None  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_Of autopsy \_\_\_\_\_

## 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? \_\_\_\_\_While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature Frank J. Nichols (M. D. or other) 1Address Franklin, Mo. Date signed 11-6-39

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**