

Registration District No. _____

Primary Registration District No. 3034Registrar's No. 215

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
641 W Hogan St. 2
 (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

3. (a) PRINT FULL NAME Robert F. Keeley 403

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married6. (b) Name of husband or wife Hottie Keeley 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased May 11th 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 6 15 hr. min.

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

10. Usual occupation Newspaper man (Retired)

11. Industry or business _____

12. Name Patrick Keeley 513. Birthplace Ireland (State or foreign country)14. Maiden name Ruth Davis15. Birthplace Indiana (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs R. F. Keeley(b) Address Moberly Mo.17. (a) _____ (b) Date thereof Nov 27th 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moberly Mo18. (a) Signature of funeral director Mahan and Son(b) Address Moberly Mo19. (a) Nov. 27-1939 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 641 W Hogan
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th
year 1939 hour 3 minute 50 A. M.21. I hereby certify that I attended the deceased from Feb 17 1930
~~Nov 28~~, 1930, to Nov 26, 1939;that I last saw him alive on November 25, 1939,
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 1 weekDue to Hypertension 10 yearsDue to arteriosclerosisOther conditions None HTN

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature [Signature] (M. D. or other) 1Address Moberly Mo Date signed 11-27-1939

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 12-11-79

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.....

Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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.