

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.

Registration District No. 757

Primary Registration District No. 30365

Registrar's No. 172

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town Rural - St. Charles
 (c) Name of hospital or institution: RR # 2 Box 166
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days 5 0 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town Rural
 (d) Street No. RR # 2 Box 166
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Virginia May Keene
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James Keene
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased August 1 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 18 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name Henny Bragg
 13. Birthplace Staunton Virginia
 14. Maiden name Henkerson
 15. Birthplace Proy Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ascelia Shelton
 (b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof Nov. 22-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo

18. (a) Signature of funeral director H. C. Dalmeyer & Son, Inc.
 (b) Address 800 N. Second, St. Charles, Mo

19. (a) 11/20/39 (b) Clarence H. Hessler
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
 year 1939 hour 1 minute A.M.
 21. I hereby certify that I attended the deceased from March 17, 1939, to November 20, 1939;
 that I last saw h. s. r. alive on Nov 17, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
 Due to uremia 1930

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: 121
 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? _____
 (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 _____
 23. Signature George E. Kutz (M. D. or other) M.D.
 Address St. Charles, Mo Date signed 11/28/39

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.