DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4083

Registration District No. 887

Primary Registration District No. 6138

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Prescott Lynch Twp.
(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:

(a) State Mo. (b) County Texas

(c) City or town Prescott 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 Fred. C. Keeney

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Keeney (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 18th 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	I	2	hr. min.

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

10. Usual occupation Farmer and Merchant

11. Industry or business Farming & Mercantile

FATHER
12. Name Bufort Keeney
13. Birthplace ----- Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Watson
15. Birthplace ------- Geo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. T. Keeney
(b) Address Houston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23d '40
(Month) (Day) (Year)
(c) Place: burial or cremation Prescott Cem.

18. (a) Signature of funeral director G. V. Elliott
(b) Address Houston Mo.

19. (a) Jan 22 (Date received local registrar) (b) Julia Keeney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th
year 1940 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from ----, 19 to Jan 23, 1940
that I last saw him alive on Jan 23, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. J. Herron (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

District Health Officer No. 5,

District File Number 240197

Date Filed 21440

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.