

Registration District No. 106

Primary Registration District No. 5759B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller, St Elizabeth
(b) City or town _____
(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 Miller
(c) City or town St Elizabeth
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1940 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 4, 1940 to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis, Sudden
Duration _____

Due to _____
Due to _____

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? _____

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

23. Signature A. D. Walker (M. D. or other) _____
Address Waldorf Mo. Date signed _____

3. (a) PRINT FULL NAME Theodore Keuning
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marion Keuning 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Apr 24 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 9 hr. _____ min. _____
If less than one day

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Coronard Keuning
13. Birthplace Westphalia Mo
(City, town, or county) (State or foreign country)
14. Maiden name Marion Beck
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Hill

(b) Address St Elizabeth Mo

17. (a) Burial (b) Date thereof 2-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Elizabeth

18. (a) Signature of funeral director John C. Garry

(b) Address St Elizabeth Mo

19. (a) Feb 5 1940 (b) John C. Garry
(Date received local registrar) (Registrar's signature)

WHILE FLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

1 X10511

RECEIVED

Miller County Health Dep't.

County File Number 40-33

Date Filed 3-14-40

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

Laura Adams

, Registered Apprentice No. 211

working under my personal supervision.

Signed

G. Z. George

Licensed Embalmer No. 2694

P. O. Address Idalia

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.

