

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12150

State File No. \_\_\_\_\_

APR 23 1940

Registration District No. 735

Primary Registration District No. 3634

Registrar's No. 67

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 416 Roberts 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)

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. 416 Roberts  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26<sup>th</sup>  
year 1940 hour 1 minute 25 a. M.  
21. I hereby certify that I attended the deceased from Mar 24  
\_\_\_\_\_, 1940, to Mar 26, 1940  
that I last saw her alive on Mar 25, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Scarlet Fever Duration 5 da

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?  
9:25 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ed Smith (M. D. or other) \_\_\_\_\_  
Address Moberly Mo. Date signed 3/26/40

3. (a) PRINT FULL NAME Helen K Keith 3rd  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If \_\_\_\_\_

7. Birth date of deceased March 6<sup>th</sup> 1933  
(Month) (Day) (Year)

8. AGE: Years 7 Months - Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James O Keith  
13. Birthplace Ind  
(City, town, or county) (State or foreign country)  
14. Maiden name Francoise M. Howell  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. P. Keith

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Mar 27 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holiday Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly

19. (a) Mar. 27 1940 (b) Paul Williams  
(Date received local registrar) (Registrar's signature)

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

District Health Officer No. 10

District File Number 4 - 40-884

Date Filed APR 15 1940

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 S. McNeil

Licensed Embalmer No. 3021

P. O. Address Moody

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.