

No. 2  
-10-39  
7-39  
X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22605

Registration District No. 221800 726 Primary Registration District No. 5957 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Halls, Missouri  
 (a) County \_\_\_\_\_  
 (b) City or town Halls Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME William Carl Keith 3rd  
 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 MARRIED  
 6. (b) Name of husband or wife ESTER 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased December 5 1910  
 (Month) (Day) (Year)

8. AGE: Years 29 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name Arthur C. Keith

13. Birthplace MO  
 (City, town, or county) (State or foreign country)

14. Maiden name Ruby Willis

15. Birthplace MO  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ester Keith

(b) Address Rt 2 Hannibal Mo

17. (a) Burial (b) Date thereof June 22 1940  
 (Burial, cremation, or removal) (Month)-(Day) (Year)

(c) Place: burial or crema: Greenview Burial Park  
 (Specify type of place)

18. (a) Signature of funeral director James C. Powell  
 (b) Address Hannibal, Mo  
 19. (a) June 22 1940 (b) Alonzo Morgan  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Ralls  
 (c) City or town Hannibal Rural  
 (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 June day 20  
 year 1940 no medical attention

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Death Caused from Broken neck while riding motorcycle.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Includes pregnancy within 3 months of death) Ill

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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) fall from motorcycle  
 (b) Date of occurrence June 20 1940  
 (c) Where did injury occur? Halls, Mo  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? No (e) Means of injury Motorcycle

28. Signature Olyde C. Wilsey  
 Address Rebay, Mo Date signed June 20 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 7-40-1482

Date Filed JUL 18 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 *Michael J. O'Connell*

Licensed Embalmer No. 3246

P. O. Address Hannibal

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.