

S. No. 2
-11-10-39
7. 5-17-39
I X2142

AUG 16 1940
Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
209 North Orchards 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 1 day
years, months or days

3. (a) PRINT FULL NAME SYLVIA KEOWN 500

3. (b) If veteran, name war ✓

3. (c) Social Security No. unknown

4. Sex Fe

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elyse Keown

6. (c) Age of husband or wife alive unknown years

7. Birth date of deceased Feb. 13 1886
(Month) (Day) (Year)

8. AGE:

Years <u>54</u>	Months <u>5</u>	Days <u>5</u>	If less than one day hr. <u>✓</u> min. <u>✓</u>
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9. Birthplace Warsaw Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business ✓

MOTHER FATHER

12. Name Norman Lord

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

14. Maiden name Maline

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Learsa White

(b) Address Warsaw Missouri

17. (a) Burial (b) Date thereof 7-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Lake

18. (a) Signature of funeral director Fred Wilkins

(b) Address Clinton Missouri

19. (a) 7-27-40 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1940 hour 12 minute _____ M.

21. I hereby certify that I attended the deceased from July 16, 1940, to July 18, 1940
that I last saw her alive on July 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____ 92C

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓

Of operations _____

Of autopsy _____

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) None

(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? 312 (Specify type of place)

Means of injury _____

23. Signature S. B. Hughes (M. D. or other) MD

Address Clinton Mo. Date signed July 17/40

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed William K. Jackson
Licensed Embalmer No. 3954
P. O. Address Clinton Mo

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.