

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28236**  
Registrar's No. **99**

Registration District No. **165**

Primary Registration District No. **5294**

1. PLACE OF DEATH:

(a) County **Cedar**  
(b) City or town **Stockton, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Country Rural 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Home** (Specify whether years, months or days)  
In this community **Most of life**

3. (a) PRINT FULL NAME **Herman Fredrick Keith**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edna Nora Keith** 6. (c) Age of husband or wife if alive **36** years  
7. Birth date of deceased **May 3 1901**  
(Month) (Day) (Year)

8. AGE: Years **39** Months **2** Days **28** If less than one day hr. min.

9. Birthplace **Stockton, Mo. Cedar County**  
(City, town, or county) (State or foreign country)

10. Usual occupation **S Farming**

11. Industry or business

MOTHER FATHER { 12. Name **Felix Keith**  
13. Birthplace **Stockton** (City, town, or county) (State or foreign country)  
14. Maiden name **Amanda Bough**  
15. Birthplace **Stockton, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Edna Nora Keith**  
(b) Address **Stockton, Mo.**  
17. (a) **Burial** (b) Date thereof **8-2-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Stockton, Mo.**  
18. (a) Signature of funeral director **H. O. Davis & Co.**  
(b) Address **Stockton, Mo.**  
19. (a) **August 6** (b) **Mrs Minnie Carleton**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**  
(c) City or town **Rural - Stockton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **North of Stockton** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **All of life** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1** year **1940** hour **1** minute **30** P. M.  
21. I hereby certify that I attended the deceased from **5** 19 **40** to **July 15** 19 **40**,  
that I last saw him alive on **July 15** 19 **40**,  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Tuberculosis, pulmonary** Duration **3 yr.**

Due to \_\_\_\_\_  
Due to **23**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **none**  
Of autopsy **not done**  
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? **9315**  
(Specify type of place) While at work? (e) Means of injury \_\_\_\_\_  
23. Signature **Bernard C. Adair** (M. D. or other) **M.D.**  
Address **Stockton, Mo.** Date signed **8-2-40**

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**