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FILED SEP 22 1940 62
Registration District No. _____

Primary Registration District No. 5757

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural
(c) Name of hospital or institution: Ibria, Mo. R# 1
(d) Length of stay: In hospital or institution _____
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller
(c) City or town Rural
(d) Street No. Ibria, Mo. R# 1
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JOHN MELVIN KEETH

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb-16-1880 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Keeth

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

14. Maiden name Susan Dean

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

16. (a) Informant George Karr

(b) Address Ibria, Mo R# 1

17. (a) Burial (b) Date thereof Aug-11-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perry Cem. Ibria, Mo.

18. (a) Signature of funeral director O. Casey

(b) Address Ibria, Mo
19. (a) Sept 9-40 (Date received local registrar) (b) Mrs. W. J. J. J. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1940 hour 4 minute P M.

21. I hereby certify that I attended the deceased from July 9, 1940 to Aug. 10, 1940 that I last saw him alive on July 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 10 yrs

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations none

Of autopsy none

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? 491

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

23. Signature Myron W. Jones (M. D. or other) 3

Address Boninley Mo Date signed Aug. 14, 1940

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

RECEIVED

Miller County Health Dep't.

County File Number: 40-93

Date Filed 9/13/40

11-07

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

Laran Adams

Registered Apprentice No. 211

working under my personal supervision.

Signed

E. Casey

Licensed Embalmer No. 2694

P. O. Address Iberia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.