S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 19 1940

State File No. 34750

Registration District No. 8 Primary Registration District No. 203 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Benton Warsaw

(b) City or town E. Lindsey Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 81 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsaw, Township E. Lindsey
(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.

3. (a) PRINT FULL NAME Mary Ann Keown

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

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

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

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

7. Birth date of deceased July (Month) 4 (Day) 1859 (Year)

8. AGE: Years 81 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name David E. Jones
13. Birthplace — (City, town, or county) Wales (State or foreign country)

MOTHER
14. Maiden name Polly Ann Stewart
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant R. Y. Keown
(b) Address Warsaw, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 4 (Day) 1940 (Year)
(c) Place: burial or cremation Shawnee Bend Cemetery

18. (a) Signature of funeral director White & Keser
(b) Address Warsaw, Mo

19. (a) 10/3-40 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 2 day 2
year 1940 hour 4 minute 10 M.

21. I hereby certify that I attended the deceased from Sept 24, 1940 to Oct. 2, 1940
that I last saw her alive on Oct. 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Locked bowels

Due to Senility

Due to

Other conditions Kind
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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

23. Signature Lee Hurt (M. D. or other)
Address Warsaw Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1551
Date Filed 11-6-40

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw, 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.