

NOV 20 1940

Registration District No. **470**

Primary Registration District No. **5-6-33**

Registrar's No. **129**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 163 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Maurice Edwin Keathley

3. (b) If veteran, name war _____ 3. (c) Social Security No. Not known

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 18 1919
(Month) (Day) (Year)

8. AGE: Years 20 Months 10 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Ironton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name William Walker Keathley

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

14. Maiden name Lela Crowley

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

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. S. Sanatorium, Mt. Vernon

17. (a) BURIAL (b) Date thereof 10-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Missouri

18. (a) Signature of funeral director Geo. P. Lusk

(b) Address Ironton Missouri

19. (a) 10-8-1940 (b) P. A. HOWMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County IronTON
(c) City or town _____ (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 October day 5
year 1940 hour 1 minute 48 p.m.

21. I hereby certify that I attended the deceased from 4-26, 1940, to 10-5, 1940;
that I last saw him alive on Oct. 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 yr

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

421 (Specify type of place) While at work? _____ (Specify means of injury)

23. Signature James W. Brown (M. D. or other) MD

Address Mo. Sanatorium Date signed 10-5-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

JAN 19 1948

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.....

working under my personal supervision.

10/6/44

Registered Apprentice No.....

Signed.....

L. P. Leibel

Licensed Embalmer No.....

2475

P. O. Address.....

London Mo

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, above space should be left blank.