

Registration District No. 171

Priority Registration District No. 5287

Registrar's No. 25

1. PLACE OF DEATH:

(a) County CHARITON
(b) City or town KEYTESVILLE-TWP. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MILES S.E. KEYTESVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community ALL HIS WIFE years, months or days) 11

3. (a) PRINT FULL NAME WILLIAM-DOOLEY-

8. (b) If veteran, name war V 8. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FANNIE-DOOLEY 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased JAN. 5-1868-
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 5 If less than one day hr. _____ min. _____

9. Birthplace KEYTESVILLE MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business GENERAL-FARMING.

12. Name ALFONZA-DOOLEY-

13. Birthplace NOT-KNOWN. KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name M.E. BEGG - WILLOWBY.

15. Birthplace NOT-KNOWN - KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Tanna Dooley
(b) Address Keytesville Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 12-1940
(Month) (Day) (Year)

(c) Place: burial or cremation VARNER

18. (a) Signature of funeral director Hyde & Garrett
(b) Address Keytesville Mo
19. (a) 11-14-40 (Date received local registrar) (b) Max Regan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CHARITON
(c) City or town RURAL Keytesville
(If outside city or town limits, write "RURAL")
(d) Street No. 4-MILES-S.E. KEYTESVILLE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 10TH.
year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 16th, 1940, to Nov 10th, 1940, that I last saw him alive on Nov 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage (Apoplexy) 3 days

Due to Gastric carcinoma Do not know

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____
While at work? 150 (Specify type of place) (e) Means of injury _____

23. Signature Carl C. Heger (M. D. or other) 1
Address Keytesville Mo Date signed 11/14/40

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

RECEIVED
District Health Officer No. 8,
License No. Number 12-11-40
Date Filed

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 H. D. Barnett
Licensed Embalmer No. 3046
P. O. Address Keytown 711

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.