

Registration District No. 470

Registration District No. 5633

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 88 days  
In this community 88 days  
years, months or days

DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Cassville  
(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 Nona Keith

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

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

6. (b) Name of husband or wife Charles Keith 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept 26th 1911  
(Month) (Day) (Year)

8. AGE: Years 29 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Wyandotte Okla  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Oliver Clapp

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

14. Maiden name Emma Ritchie

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Burial (b) Date thereof Nov 8th 1940  
(Rural, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cem

18. (a) Signature of funeral director Horne & Culler

(b) Address Cassville, Missouri

19. (a) 11-7-40 (b) P.A. HOLMES  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th year 1940 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from August 12th 1940 to Nov. 7th 1940

that I last saw her alive on Nov. 6th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 7 years  
Duration 7 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Intestinal Obstruction (Cholecyst??)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Refused

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) Dr. D.

Address Mt. Vernon, Mo Date signed 11/7/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1140-2929

Date Filed DEC 5 1940

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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.