

U. S. No. 2
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FILED JAN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41968**
Registrar's No. **402**

Registration District No. **89**

Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(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 11 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME William Keena

3. (b) If veteran, name war World War 3. (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 Inice 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased January 6 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 11 3 hr. min.

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

10. Usual occupation Common Labor

11. Industry or business _____

12. Name Thomas Keena
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth May
15. Birthplace Wayne County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Inice Keena
(b) Address F & Cleveland Street P.R. Mo.

17. (a) Burial (b) Date thereof December 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery (Public)

18. (a) Signature of funeral director Greer-Croy Funeral Service
(b) Address Poplar Bluff, Missouri

19. (a) 1/9/41 (b) State Luta 88
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. F & Cleveland (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1940 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from Dec. 20, 1940
Dec. 28, 1940, 19____, to _____, 19____

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Bronchial Pneumonia

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?

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

23. Signature J. D. McPherson (M. D. or other) _____
Address _____ Date signed _____

Duration
PHYSICIAN
Underlines the cause to which death should be charged statistically.

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

12
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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 *B. J. Brenlinger*
Licensed Embalmer No. 4201
P. O. Address Caplar Bluff, Va

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.