

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Anna Virginia Keithly

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Newton 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased September 12, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name John Little Dryden
13. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Francis Massie
15. Birthplace Winchester Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adeline Rapps
(b) Address Steeleville, Missouri

17. (a) Burial (b) Date thereof Nov 20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Point Cemetery

18. (a) Signature of funeral director _____
(b) Address Steeleville, Mo

19. (a) Nov 20, 1940 (b) Joe F. Ayers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1940 11 hour 12 minute a. M.

21. I hereby certify that I attended the deceased from Nov. 11
1940, to Nov. 18, 1940
that I last saw her alive on Nov. 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture (intercostal) of the left rib.
Due to To a fall on the floor

Other conditions Old age 56 1/2
(Include pregnancy within 3 months of death) 10 18

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov 16, 1940
(c) Where did injury occur? Crawford, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? No (Specify type of place) (e) Means of injury Fall
23. Signature John McFarland (M.D. or other) M.D.
Address Rolla, Mo Date signed 11-18-40

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

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

RECEIVED

District Health Officer No. 5

District File Number. 2401226

Date Filed _____

JAN 14 1946

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. 9628 working under my personal supervision.

Signed _____
Licensed Embalmer No. 9628
P. O. Address. Mitchell, 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.