

Registration District No. **16178**

Primary Registration District No. **5904**

Registrar's No. \_\_\_\_\_

81

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

1. PLACE OF DEATH:

(a) County **Phelps Co. Mo**  
(b) City or town **St James Rural**  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Phelps**  
(c) City or town **St James Rural**  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Norma J. Keasling**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **female** 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 **6-21-1940**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months **5** Days **14** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **St Louis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **none**

MOTHER FATHER  
12. Name **Geo Keasling**  
13. Birthplace **St James Mo**  
14. Maiden name **Mabel Moore**  
15. Birthplace **St Louis Mo**

16. (a) Informant **Geo Keasling**  
(b) Address **St James Mo**  
17. (a) **Burial** (b) Date thereof **12-7-40**  
(c) Place: burial or cremation **Wiles cem**

18. (a) Signature of funeral director **W H Richlender**  
(b) Address **St James Mo**  
19. (a) **1-1-41** (b) **Elaine Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **4** 19**40**  
year \_\_\_\_\_ hour **8** minute **0** P. M.  
21. I hereby certify that I attended the deceased from **Nov-29-40**  
to **Dec-4-1940**;  
that I last saw him alive on **Dec-4-** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia lobar** Duration **6 days**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_  
(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 **William H. Brown** (M. D. or other) \_\_\_\_\_  
Address **St James Mo** Date signed **12/7/40**

RECEIVED  
District Health Officer No. B,  
District File Number 15182  
Date Filed

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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.**