. No. 2
-11-10-39
5-17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3359

Registration District No. 530 Primary Registration District No. 5707 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Elmer W. South
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town Elmer
(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.? 0 years.

3. (a) PRINT FULL NAME ROY R. KEYTE
3. (b) If veteran, name 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 Gladys Keyte
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased March (Month) 5 (Day) 1911 (Year)

8. AGE: Years 29 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Macon Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Elbert Keyte
13. Birthplace Macon Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Unice Johnson
15. Birthplace Macon Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant Elbert Keyte
(b) Address Elmer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Macon Mo
18. (a) Signature of funeral director Clyde McCollum
(b) Address Elmer, Mo.
19. (a) Feb 10 1941 (Date received local registrar) (b) Mrs Lloyd Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1941 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 25, 1941, to Jan 30, 1941; that I last saw him alive on Jan 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia (acute)	1-28-41
Due to Influenza	1-23-41
Due to	
Other conditions (Include pregnancy within 3 months of death) Compression fracture in 1935	
Major findings: Of operations	PHYSICIAN
Of autopsy	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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Harold D. Lehr (M. D. or other) D.O.
Address Elmer Mo Date signed 1/30/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 1948

RECEIVED
District Health Officer No. 10
District File Number 2-41-292
Date Filed FEB 14 1941

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 Clyde McCollum

Licensed Embalmer No. 3226

P. O. Address Elmer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.