

No. 2
4-17-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

6394

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 11 1948

3007

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

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPLAR BLOFF
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BRANDON HOSPITAL ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME GEORGE KEELE

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 ORA KEELE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 26 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace HENDRICKSON O MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name JAMES KEELE

13. Birthplace 1 KY
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA DILLARD

15. Birthplace 1 Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ora Keele

(b) Address RFD #1 - Hendrickson Mo

17. (a) BURIAL (b) Date thereof FEB 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KEELE CEM.

18. (a) Signature of funeral director N. D. Phelps

(b) Address Poplar Bluff Mo

19. (a) 2-22-41 (b) Kate Sutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER/2

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 MIN. HENDRICKSON, MO
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th
year 1941 hour 4:40 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 17th, 1941, to Feb 18th, 1941;
that I last saw him alive on Feb 17th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Stroke
Hemorrhage

Duration 2/17/41
2/17/41

Due to Bun shot wounds 2/17/41

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 164

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) suicide

(b) Date of occurrence Feb 17 1941

(c) Where did injury occur? Wayne County, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
8 of Kerne - farm

(Specify type of place)

While at work? yes (e) Means of injury Bun shot wound

23. Signature Geo. F. Qualls (M. D. or other) MD
Address Poplar Bluff, Mo Date signed 2/18/41

R. J. Phelps

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 *N. J. Phelps*.....

Licensed Embalmer No. *3231*.....

P. O. Address *Paplar Bluff*.....

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, fact should be so stated above.