S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8313

Registration District No. 799 — Primary Registration District No. 6087B — Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Slater "Rural" (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cumberland Sanitarium (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: 15 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Saline 97

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

(d) Street No. ____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: RUBY LUCILLE KEYTON

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

4. Sex: Fe 5. Color or race: W 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: Sept (Month) - 10 (Day) - 1911 (Year)

8. AGE: Years 29 Months 5 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace: Saline County (City, town, or county) Mo (State or foreign country)

10. Usual occupation: House work

11. Industry or business: ____

MOTHER FATHER

12. Name: James O Keyton

13. Birthplace: Saline County (City, town, or county) Mo (State or foreign country)

14. Maiden name: Alice Collins

15. Birthplace: Saline County (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Alice Collins Keyton

(b) Address: Slater Mo "Rural"

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/19-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Slater Cemetery

18. (a) Signature of funeral director: Harry Herschberger

(b) Address: Marshall Mo

19. (a) 3-1-41 (Date received local registrar) (b) W. M. Tetley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept, 1940, to Feb 27, 1941; that I last saw h. alive on Feb. 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of left kidney	6 mo
Due to: 320	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: X

Of autopsy: No

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): X

(b) Date of occurrence: X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)

While at work? X (e) Means of injury: X

23. Signature: A. C. Putnam (M. D. ~~or other~~) 0

Address: Marshall Mo Date signed 2-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-41

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 Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Marshall, 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.