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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15246

Registration District No. 1584 Primary Registration District No. 4346 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Montgomery
(b) City or town Danville
(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
In this community life years, months or days)

**2. USUAL RESIDENCE OF DEACEASED:** 70
(a) State Missouri (b) County Montgomery. 0
(c) City or town Danville 0
(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 W. R. Keith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Belle Keith
6. (c) Age ~~of husband or~~ wife if alive 47 years
7. Birth date of deceased sept 14 th 1885 (Month) (Day) (Year)
8. AGE: Years 55 Months 7 Days 15 If less than one day hr. min.
9. Birthplace Danville Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Trader in live stock
11. Industry or business
MOTHER FATHER
12. Name William R. Keith
13. Birthplace Danville Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Permilia Shackford
15. Birthplace Ky (City, town, or county) 0 (State or foreign country)
16. (a) Informant Annie B Keith
(b) Address Danville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (Month) (Day) (Year)
(c) Place: burial or cremation Gregory Cemetery
18. (a) Signature of funeral director C W Hopkins
(b) Address Montgomery City Mo
19. (a) Mar 1 (Date received local registrar) (b) Mrs V. A. Cullom (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 29 year 1941 hour 5 minute 30 am M.

21. I hereby certify that I attended the deceased from Oct. 2, 1936, 19__, to April 29, 1941, 19__; that I last saw him alive on April 28, 1941, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Valvular heart Disease, mitral insufficeincy, acute attack | 1936 |
| Due to Cardiac Hypertrophy | 1936 |
| 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 870 (Specify type of place)
While at work? (e) Means of injury

23. Signature Buell Menefee (M. D. or other) M
Address Montgomery City Mo Date signed 4-30-41

(Licensed Embalmer's Statement on Reverse Side)

**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, ~~at~~ on the 29 day of April 1941, Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo.

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

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