DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16176

State File No. 9

Registration District No. 968 Primary Registration District No. 6183 Registrar's No.

1. PLACE OF DEATH:

(a) County Washington

(b) ~~City or town~~ Belgrade Mo

(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington

(c) City or town Belgrade

(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 Wandahee Keith

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 3 (Month) 23 (Day) 41 (Year)

8. AGE: Years | Months | Days 24 | If less than one day hr. min.

9. Birthplace Centerville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business ~~Truck Driver~~

FATHER
12. Name Charles William Keith
13. Birthplace Redmanville (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Lola Camden
15. Birthplace Reynolds County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant's own signature Charles Keith

(b) Address Belgrade Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-41 (Month) (Day) (Year)

(c) Place: burial or cremation Quaker Cemetery

18. (a) Signature of funeral director ~~[illegible]~~ Friends

(b) Address

19. (a) Apr 28 41 (Date received local registrar) (b) Mrs Ella White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 16 year 41 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurely

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Potosi Mo Date signed [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.