

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19251
State File No.

Registration District No. 875

Primary Registration District No. ~~6167~~ 3039

Registrar's No. 164

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
628 S. Main St-1
(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

Charles E. Keukel

3. (b) If veteran, name war No
3. (c) Social Security No 497-12-4736

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gloria Keukel 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 19, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carter

11. Industry or business Nevada Daily Mail

12. Name Henry Keukel

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Lyla

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

16. (a) Informant M. Ed Bruce

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 5/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodswood Bur.

18. (a) Signature of funeral director Maad Beehinger

(b) Address Nevada, Mo.

19. (a) 5-29-1941 (b) Allen O'Hare
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada
(If outside city or town limit, write "RURAL")
(d) Street No. 628 S. Main St-
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 11:00 minute 0 P.M.

21. I hereby certify that I attended the deceased from On May 27, 1941, to _____, 19____;
that I last saw him alive on May 27, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1 1/2 hrs

Due to 44 W

Other conditions Angina Pectoris
(Include pregnancy within 3 months of death) 2 yrs

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

1015 (Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature T. M. Sears, M.D. (M. D. or other) _____
Address Nevada, Mo. Date signed 5/29/41

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

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RECEIVED

District Health Officer No. 7,

District File Number 6-4-977

Date Filed 6-10-41

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

Mark Lechner

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.