No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24816

Registration District No. 159 Primary Registration District No. 5224 Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: 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 2 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 019

(a) State Missouri (b) County Cass 0

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

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

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

3. (a) PRINT FULL NAME Kelly Lloyd Keyton

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

4. Sex Male 10 Child 5. Color or race W. 6. (a) Single, widowed, married, divorced 0 Child

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

7. Birth date of deceased June - 9 - 1941 (Month) (Day) (Year)

8. AGE: Years — Months — Days 2 If less than one day hr. min.

9. Birthplace Strasburg Polk Co - Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Franklin P. Keyton
13. Birthplace Cass Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hilda Mae Wahl
15. Birthplace Johnson Co - Mo (City, town, or county) (State or foreign country)

16. (a) Informant Franklin P. Keyton
(b) Address Strasburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June - 11 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Strasburg Cemetery

18. (a) Signature of funeral director D. F. Nolsinger
(b) Address Pleasant Hill Mo

19. (a) 6 - 12/41 (Date received local registrar) (b) W. Beckman M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1941 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from birth on June 9, 1941, to June 11, 1941; that I last saw him alive on June 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage

Due to Labor or Podalic Version delivery

Due to

Other conditions none (Include pregnancy within 3 months of death)

160 W

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 Kelly Rawlins (M. D. or other) KD
Address Holden Mo Date signed 6/11/41

(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, or by Not embalmed, 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.