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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
SEP 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28425

Registration District No. 347 Primary Registration District No. 5501A  
State File No. Registrar's No.

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Leesville, Mo  
(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 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVID A KEITH  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced  
6. (b) Name of husband or wife Don't know 6. (c) Age of husband or wife if alive Don't know years  
7. Birth date of deceased Don't know (Month) (Day) (Year)

8. AGE: Years about 73 Months Days If less than one day min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Eric KEITH

13. Birthplace Don't know a (City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant Edwin Keith 1 (b) Address Clinton Mo

17. (a) Burial (b) Date thereof 8-20-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park, Cape

18. (a) Signature of funeral director Consuelo Peeler (b) Address Clinton Mo

19. (a) 9-9-41 (b) Dr. J. H. ... (Date received local registrar) (Registrar's signature)

347 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry 042  
(c) City or town Clinton Mo (If outside city or town limits, write "RURAL")  
(d) Street No. P.R. # 5 (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1941 hour 11 P.M. minute P.M.

21. I hereby certify that I attended the deceased from June 19... to... 19...; that I last saw him alive on July 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Don't know Duration

Due to Prostetic Hypertrophy with urinary retention

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none 137a

Of autopsy: none

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 Ed C. Peeler (M. D. or other) 8/20/41

Address Clinton Mo Date signed 8/20/41

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

200

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1663

Date Filed 9-11-41

**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.....

*J. E. Conrath*  
Licensed Embalmer No. 1891

P. O. Address.....

*Clinton, Mo.*

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

If this body is not embalmed, fact should be so stated above.