

S. No. 2
-1-4-41
5-17-3
PI X2

State File No. _____
Registrar's No. _____

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

FILED AUG 29 1941

Registration District No. 384

Primary Registration District No. 4227

1. PLACE OF DEATH:

(a) County Nowell
(b) City or town West Plains, 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 6 1/2 yrs years, months or days

3. (a) PRINT FULL NAME Loua Alice Keelans
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex 71 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12-25-1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 11
If less than one day _____ chr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Miss Ray
13. Birthplace Geneseo, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cherry
15. Birthplace Geneseo, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Davidson

(b) Address West Plains, Mo

17. (a) _____ (b) Date thereof 7-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried

18. (a) Signature of funeral director [Signature]
(b) Address West Plains, Mo

19. (a) 7-15-41 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nowell
(c) City or town West Plains, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7- day 5-
year 1941 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 9 1941 to July 5 1941
that I last saw her alive on July 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis Duration _____

Due to _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (If not other) _____

Address West Plains, Mo Date signed _____

RECEIVED

District Health Officer No. 5,
8811895

District File No. _____
Date Filed _____

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3432

P. O. Address West Paris, 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, fact should be so stated above.