

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35475
Do not use this space.

FILLED NOV 24 1941

1. PLACE OF DEATH

(a) County Macon Registration District No. 530
(b) Township Walnut Primary Registration District No. 5707
(c) City Elmer (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERT-THEODORE-KEYTE

(a) Residence, No. Rural St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Elmer, Mo (STATE OR COUNTRY) 0

13. NAME Marcus Keyte
14. BIRTHPLACE (CITY OR TOWN) Elmer, Mo (STATE OR COUNTRY) 0

15. MAIDEN NAME Katy Moore
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) 9

17. INFORMANT Ch. Koger (ADDRESS) Elmer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bunce DATE Oct. 27 1941

19. FUNERAL DIRECTOR Clyde McCollum (ADDRESS) Elmer, Mo

20. FILED Nov 10 1941 W. Lloyd Baker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1941, to Oct 21, 1941. I last saw him alive on Oct 14, 1941. Death is said to have occurred on the date stated above, at 1 A. m. The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset Aug 1941

Other contributory causes of importance: 438

Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. O. Newton, M. D.
(Address) La Plata Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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RECEIVED

District Health Officer No. 10

District File Number 11-41-2090

Date Filed NOV 19 1941

STATEMENT BY LICENSED EMBALMER

I, Clyde McCallum, Licensed Embalmer No. 3226

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

.....L. E.

No.or by....., Registered Apprentice No.

working under my personal supervision.

Signed Clyde McCallum
Licensed Embalmer No. 3226

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.)