

FILLED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35571

Registration District No. 592

Primary Registration District No. 5790

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery, Rural
(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 _____
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town RURAL
(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 _____

3. (a) PRINT FULL NAME Milton Foreman 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 Single

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

7. Birth date of deceased Oct 28 th 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months II Days 26 If less than one day hr. _____ min. _____

9. Birthplace Near Prices Branch Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name George Keith

13. Birthplace no
(City, town, or county) (State or foreign country)

14. Maiden name Hester Evans

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Keith

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 10/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Wlanville Mo

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) Oct 24, 41 (b) Buell Menefee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1941 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 16, 1939 to Oct. 24, 1941
that I last saw him alive on October 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, interstitial Duration 2 1/2 yrs
Due to Arterial hypertension 2 1/2 yrs

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 0

23. Signature Buell Menefee (M. D. or other) _____
Address Montgomery, Ct Mo Date signed 10-25-41

(Licensed Embalmer's Statement on Reverse Side)

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

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..... on the 24
day of Oct 1941....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1487

P. O. Address. Montgomery City 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.