. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35762

Registration District No. 6[illegible]

Primary Registration District No. 4403

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla

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

(c) Name of hospital or institution:

Highway #66, ~~[illegible]~~

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 3 months

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Unknown 999

(c) City or town Detroit 20

(If outside city or town limits, write "RURAL")

(d) Street No. 9920 Harper St., 0

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Howard L. Keys

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife -

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

7. Birth date of deceased Oct. (Month) 13 (Day) 1918 (Year)

8. AGE: Years 22 Months 11 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Detroit (City, town, or county) / Michigan (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army, Hq Btry, 182 FA

FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amber (unknown)
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Military records

(b) Address Fort Leonard Wood, Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9 (Month) 22 (Day) 1941 (Year)

(c) Place: burial or cremation Charleroi, Penna.

18. (a) Signature of funeral director Lou Clark

(b) Address Rolla Funeral Home, Rolla, Mo.

19. (a) Sept. 22 1941 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21 year 1941 between hour 12 & 3AM minute ..... M.

21. I hereby certify that I attended the deceased from - - - - , 19..., to - - , 19...; that I last saw h - alive on ..... , 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 1. Fractures of skull, ribs, clavicle, tibia, fibula, left. 2. massive subarachnoid hemmorhage. Hem- ~~xxxx~~ orrhage and contusions of lung. Hemothorax bilateral.

Due to automobile accident between automobile and pedestrian.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Fractures of skull, ribs, clavicle, tibia, and fibula, left.

Duration: Sudden

170 C 21

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) accident 60

(b) Date of occurrence September 21, 1941

(c) Where did injury occur? Rolla (City or town) Phelps (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Highway "66". (Specify type of place)

While at work? No (e) Means of injury Auto. accident and pedestrian

23. Signature Wilbur E. Foster jr. 0 (M. D. or other) M.D.

Address Sta' Hosp, Ft. Leonard Wood, Mo. Date signed 9/22/4

610 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1041 2036
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.....
....., 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, fact should be so stated above.