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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No. 8 13

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39733

State File No.

Primary Registration District No. 6162

Registrar's No. 321

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

1. PLACE OF DEATH:

(a) County: Vernon

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

(c) Name of hospital or institution: State Hospital No 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: Seven days. 2 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 108 0 0

(c) City or town: Clinton (If outside city or town limits, write "RURAL")

(d) Street No.: 500 South Washington (If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S.A. 0 years

3. (a) PRINT FULL NAME: ZELLA-KEIGHTLEY

3. (b) If veteran, name war: no.

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Earl Keightley

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

7. Birth date of deceased: March (Month) 10 (Day) 1901 (Year)

8. AGE: Years 40 Months 7 Days 27 If less than one day — hr. — min.

9. Birthplace: Deepwater (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: none

FATHER
12. Name: Tom Sefton
13. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Nora Simmons
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant: Records State Hosp No 3
(b) Address: Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation: State Hosp Cemetery

18. (a) Signature of funeral director: Fury Funeral Home
(b) Address: Nevada Mo

19. (a) 11-10-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1941 hour 9 minute 20 P M.

21. I hereby certify that I attended the deceased from Nov 1, 1941, to Nov 7, 1941; that I last saw her alive on Nov 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to: Hypertensive Heart Disease.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Psychosis & cardio renal disease.	
Major findings: Of operations: none	
Of autopsy: none.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no.
(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: Paul L. Barone (M. D. or other) M.D.
Address: State Hospital No 3 Date signed Nov 7, 1941

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2003
Date Filed 12-9-41

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 H B Ferris

Licensed Embalmer No. 1760

P. O. Address Nevada Mo

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

If this body is not embalmed, above space should be left blank.