

S. No. 1-0-1  
5-1-1  
PI 4-1-1

JAN 7 1942

Registration District No. 448

Primary Registration District No. 5608

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Morgan Union Twp  
(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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 33  
(c) City or town Morgan  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARION ALEXANDER KEESLING

3. (b) If veteran, name war V 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased August 7 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>24</u>	hr. .... min.

9. Birthplace Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Wm Keesling

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Mase

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lydie Graham

(b) Address Morgan Mo

17. (a) burial (b) Date thereof Jan 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Mo

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo

19. (a) 1-2-42 (b) Grace Price  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1941 hour 4 minute..... P.M.

21. I hereby certify that I attended the deceased from 10-2 1941 to 12-31- 1941  
that I last saw him alive on 12-28-41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Tuberculosis  
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 D

23. Signature D. C. Burray M. D. or other.....  
Address Lanney Mo Date signed.....

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

MOTHER FATHER

407

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 1-42-22

Date Filed Jan 5 1942

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon Mo

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42307

Registration District No. 448

Primary Registration District No. 5608

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Morgan  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(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 Marion A. Keesling

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased: Aug 7 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 28 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 13 Year 1941 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Chronic Tuberculosis

Due to Chronic Pulmonary Tuberculosis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. C. Berridge (M. D. or other) \_\_\_\_\_

Address Cornway, Mo. Date signed 2-4-42

SUPPLEMENTARY

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

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track and report on their operations, ensuring that all data is up-to-date and easily accessible.

2. The second section focuses on the role of leadership in fostering a culture of integrity and ethical behavior. It argues that leaders must set a clear example and communicate the organization's values consistently. By promoting a strong ethical framework, leaders can ensure that all employees understand the expectations and consequences of their actions. This section also highlights the importance of regular communication and feedback loops to reinforce these values.

3. The third part of the document addresses the challenges of managing a diverse workforce. It notes that organizations must be sensitive to the needs and perspectives of employees from various backgrounds and cultures. Effective management involves creating an inclusive environment where all employees feel valued and have the opportunity to contribute their unique skills and experiences. The text provides several strategies for promoting diversity and inclusion, such as offering flexible work arrangements and providing cross-cultural training.

4. The final section discusses the importance of continuous learning and development. It states that in a rapidly changing world, organizations must invest in their employees' education and skills. This can be achieved through a variety of methods, including formal training programs, workshops, and on-the-job learning opportunities. The text emphasizes that ongoing learning is not just a benefit for employees but a necessity for the organization's long-term success and competitiveness.