

FILED FEB 19 1942

Registration District No. 169

Primary Registration District No. ~~169~~ 4098

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Brunswick  
(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 Chariton  
(c) City or town Brunswick  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JOSEPH KEYTE

8. (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 March 26th. 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph T. Keyte  
18. Birthplace Brunswick Missouri  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Alice McAshan  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

18. (a) Informant Miss Pearl Keyte  
(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 1-25-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. W. Heisel  
(b) Address Brunswick, Mo.

19. (a) Jan 25 1942 (b) A. J. Thomas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th.  
year 1942 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from 8-12  
\_\_\_\_\_ 1941 to 1-24 1942  
that I last saw him alive on 1-24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and degenerative heart disease 10 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations g3d  
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 \_\_\_\_\_  
28. Signature H. H. Stuart (M. D. or other)  
Address Brunswick Date signed 1-24-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-12-42

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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 L. W. Hessel

Licensed Embalmer No. 823

P. O. Address Brunswick, N.C.

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, above space should be left blank.