S. No. 2
M—9-4-41
7. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 5957

Registrar's No. 191

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph Mo City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs (Specify whether years, months or days)
In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Carroll County
(c) City or town: Bosworth Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 17
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Louie Keynon
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: yes
6. (b) Name of husband or wife: Maude Kirker
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: August (Month) 15 (Day) 1883 (Year)

8. AGE: Years 58 Months 6 Days 8 If less than one day hr. min.

9. Birthplace: Bosworth (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: John Keynon
13. Birthplace: Indiana (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name: Molly Crispin
15. Birthplace: Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant: State Hospital #2
(b) Address: St Joseph Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Bosworth, Missouri
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St. St. Joseph, Mo.
19. (a) 2/24/42 (Date received local registrar) (b) H J Nuttebrock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1942 hour 3:30 minute P M.
21. I hereby certify that I attended the deceased from October 6th, 1941 to February 23, 1942 that I last saw him alive on February 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
With myocarditis and arteriosclerosis
Due to: Arteriosclerosis, Cerebral,
Due to:
Other conditions: 107
(Include pregnancy within 3 months of death)

Duration

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: R. B. M. Bueamy (M. D. or other) Md
Address: St Joseph Mo Date signed 2-23-42

(Licensed Embalmer's Statement on Reverse Side)

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 Oby J esler

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri.

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.