

FILED MAR 3 1945  
Registration District No. 1245

Primary Registration District No. 3009

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town South East Missouri Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution South East Missouri Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Ark (b) County 3

(c) City or town Pocahontas  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2  
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arnon H. Keith

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1945 hour 10 — minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 20, 1859  
(Month) (Day) (Year)

that I last saw h. 1945 alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Thrombosis

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

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

Other conditions (include pregnancy within 3 months of death) 9911

8. AGE: Years 82 Months 15 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Saw Mill Operator

Major findings: Of operations \_\_\_\_\_

Of autopsy Myocardial Thrombosis; Pneumo-pneumonia

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Unknown

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

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs Ethel Robinson

(b) Address Cape Girardeau Mo.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof Jan 14, 42  
(Month) (Day) (Year)

(c) Place: burial or cremation Pocahontas Ark

18. (a) Signature of funeral director Raymond S. Howell

(b) Address 536 Bdwy Cape Girardeau Mo.

19. (a) Jan. 21 - 42  
(Date received local registrar) (b) J. W. Phelps  
(Registrar's signature)

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 D. B. E. E. E. E. (M. D. or other) 14

Address Cape Girardeau Mo. Date signed 1-20-42

RECEIVED

District Health Officer No. 4

District File Number 242-157

Date Filed 2-10-42

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.....

*Joe Howell*

Licensed Embalmer No. 3396

P. O. Address Cape Girardeau Mo

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.