V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14622

FILED MAY 14 1942

Registration District No. 7[illegible]

Primary Registration District No. 3020

Registrar's No. 73

49 1 3

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
322 N Orner St.
(If not in hospital or institution, write street number or location)

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

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 322 N Orner St. 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara Minnie Keith

3. (b) If veteran, name war None

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 H E Keith

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

7. Birth date of deceased July (Month) 7 (Day) 1887 (Year)

8. AGE: Years 54 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business None

FATHER
12. Name John Brewer
13. Birthplace Polk County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant H E Keith
(b) Address 322 N Orner St, Carthage Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.

19. (a) 4/6/42 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1942 hour 2 AM minute M.

21. I hereby certify that I attended the deceased from Jan 12, 1942, to Apr. 3, 1942; that I last saw her alive on April 3, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis with decompensation — Duration 3 mo.

Due to

Due to 93d

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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, farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature George H Wood (M. D. or other) M. D.
Address 304 Grant St., Carthage, Mo. Date signed 4/6/42

42.4.373

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 J. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage, 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.