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FILED JUN 22 1942
Registration District No. 728

Primary Registration District No. 5115

State File No. _____

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Marion, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 V
(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 _____ 1000
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Sylvester A. M^r Keel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9
year 1942 hour 11 minute 10 A. M.

4. Sex m. 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 17 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 6 1942 to April 14 1942
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 6 Days 27 If less than one day _____ hr. _____ min.
5 14

Immediate cause of death Influenza
Enteritis
Due to _____
Due to 119a
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Howard Co MO
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Alvin M^r Keel
13. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Bartholomew Robinson
15. Birthplace Howard Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin M^r Keel
(b) Address Rockport MO
17. (a) Burial (b) Date thereof 4-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hildale Church cen

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? _____

18. (a) Signature of general director A. G. Freeman
(b) Address Columbia MO
19. (a) 5-14-42 (b) Mrs Betty Crane
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 7
23. Signature A. C. Russell (M. D. or other) _____
Address Rockport MO Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 48

Primary Registration District No. 5115

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural
(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 Boone
(c) City or town Rockport Rural
(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

Sylvester A. McVee

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Apr Day 17 Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
that I have seen him/her live on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 17 1941
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

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 _____

(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 _____

9. (a) 5-14-1942 (b) Mrs. Betty Crane
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-17375