

FILED JUN 26 1942 29

Registration District No. 29

Primary Registration District No. 4021 5658

Registrar's No. 84

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

1. PLACE OF DEATH: Barry

(a) County. Barry

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

(c) Name of hospital or institution: Flag Creek Sup  
None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None  
(Specify whether)

In this community. 25 years of more  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Barry 5

(c) City or town. Cassville, Rural 0  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country. ....

3. (a) PRINT FULL NAME Henry Loyd Keith

3. (b) If veteran, name war. No

3. (c) Social Security. No. no

4. Sex. Male 0

5. Color or race. White

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

6. (b) Name of husband or wife. Amelia Keith

6. (c) Age of husband or wife if alive. 73 years

7. Birth date of deceased. Mar. 28 1855  
(Month) (Day) (Year)

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

87 1 18 hr. min.

9. Birthplace. Monroe Co. Ind. /  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. ....

MOTHER FATHER

12. Name. John Keith

13. Birthplace. Ind. /  
(City, town, or county) (State or foreign country)

14. Maiden name. Hannah Craig

15. Birthplace. Ind. /  
(City, town, or county) (State or foreign country)

16. (a) Informant. Chas. Keith

(b) Address. Cassville, Missouri

17. (a) Burial (b) Date thereof. May 20 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Horner

18. (a) Signature of funeral director. Horine & Culver

(b) Address. Cassville, Missouri

19. (a) June 2-1942 (b) Grace Williams  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th  
year 1942 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from April 20 1942 to May 12 1942  
that I last saw him alive on May 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy

Due to. 830

Due to. ....

Other conditions. ....  
(Include pregnancy within 3 months of death)

Major findings: Of operations. ....

Of autopsy. ....

Duration

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? .....

While at work (Specify type of place) (Means of injury)

23. Signature Glenn N. Dalger (M. D. or other) M.D.  
Address Cassville, Mo. Date signed .....

RECEIVED

District Health Officer No. 6,

District File Number 642-891

Date Filed JUN 24 1942

---

---

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 W. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Osborne 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.