S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 608

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 21687

Registrar's No. 115-

59
1
2

1. PLACE OF DEATH:

(a) County: Livingston

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

(c) Name of hospital or institution: Chillicothe Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Harrison 11

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ross Weldon Keown

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male O

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 3 (Day) 1893 (Year)

8. AGE: Years 49 Months 2 Days 26 If less than one day hr. min.

9. Birthplace: Harrison County (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Wesley G. Keown
13. Birthplace: (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name: Mattie E. Weldon
15. Birthplace: (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant: Earl Keown
(b) Address: Bethany, Missouri.

17. (a) Bethany, Mo. (Burial, cremation, or removal) (b) Date thereof: 7 - 1 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Old Blueridge Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri

19. (a) JUN 30 1942 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from June 27, 19..., to June 29, 1942 that I last saw him alive on June 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	
General Septic,	
Due to	
Obstruction of Bowels	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 122 P 2.
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:

23. Signature: L. S. Dywell (M. D. or other)
Address: Chillicothe Mo. Date signed: 6-30-42

408 (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 E. R. Norman, Registered Apprentice No._____, working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.