21854

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 5806 Primary Registration District No. 4361 [illegible] Registrar's No. 13

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Point Pleasant (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Point Pleasant (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bessie Keller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe Keller 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov (Month) 23 (Day) 1887 (Year)

8. AGE: Years 54 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Point Pleasant (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business _____
FATHER 12. Name Frank Hinson
13. Birthplace Mt Brown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Mt Brown
15. Birthplace _____ (City, town, or county) 9 (State or foreign country)
16. (a) Informant's own signature Bill Lashley
(b) Address Point Pleasant
17. (a) New Madrid (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Burial New Madrid
18. (a) Signature of funeral director De Lake Funeral Parlor
(b) Address Portageville Mo.
19. (a) July 7-42 (Date received local registrar) (b) Edith Laurent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1942 hour 11 45 minute P M.

21. I hereby certify that I attended the deceased from May 17, 1942, to May 28, 1943 that I last saw her alive on May 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	
Due to Influenza	
Due to	
Other conditions Epileptic (Include pregnancy within 3 months of death)	[illegible]
Major findings: Of operations 33a	PHYSICIAN
Of autopsy	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 Edward M Popp (M. D. or other) M.D.
Address Marston Mo Date signed 5-29-42

1177

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 P I X19311

RECEIVED
District Health Office No. 2,
District File Number 742-855
Date Filed JUL 13 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 Not Embalmed, 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.