

FILED AUG 19 1942
2425

Registration District No. 2425

Primary Registration District No. 5837

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural W. Neosho Mo.
(c) Name of hospital or institution: None
(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 Harry
(c) City or town Rural
(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.? 1 years.

3. (a) PRINT FULL NAME Wid Samuel Keeling

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred Keeling 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV. 11 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farming

12. Name James Keeling

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

14. Maiden name Ann Edens

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

16. (a) Informant Mildred Keeling

(b) Address Neosho Mo. R#5

17. (a) Burial (b) Date thereof July 3 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. Pleasant Cen

18. (a) Signature of funeral director Wm. Marvin Payne

(b) Address Wheaton, Mo.

19. (a) 7-10-42 (b) Early Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-18-1942 to 7-1-1942
that I last saw him alive on 7-1- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dilatation

Due to Hepatic Carcinoma

Due to ?

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

Major findings: Of operations _____
Of autopsy _____
1246

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)
(a) Means of injury D

23. Signature Frank J. Thibault (M. D. or other) _____
Address _____ Date signed 7-9-42

RECEIVED

District Health Officer No. 6,

District File Number 842-1270

Date Filed AUG 17 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 Wm Morris Poque

Licensed Embalmer No. 3097

P. O. Address Wheaton, 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, above space should be left blank.