

FILED JAN 11 1942  
Registration District No. 2416

Primary Registration District No. 5947

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Phelps  
(b) City or town St James Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Mo (b) County Phelps 86  
(c) City or town St James 1 Rural 10  
(If outside city or town limit, 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 Walter H. Keam  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd  
year 1942 hour 12 minute 01 P. M.

21. I hereby certify that I attended the deceased from November 15, 1941 to December 3, 1941  
that I last saw him alive on December 2, 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillie M. Keam 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased 10-10-1882  
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of right submaxillary gland and lymph nodes.  
Duration 7 mos.

8. AGE: Years 60 Months 1 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 552

10. Usual occupation Farmer

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

11. Industry or business  
MOTHER FATHER { 12. Name Geo. H. Keam  
13. Birthplace Ill.  
14. Maiden name Nancy Wright  
15. Birthplace Mo

16. (a) Informant Gilbert Keam  
(b) Address Rosati Mo  
17. (a) Rural (b) Date thereof 12-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Macdouglin Co

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 \_\_\_\_\_

18. (a) Signature of funeral director W. E. Schellder  
(b) Address St James Mo  
19. (a) 12-14-1941 (b) Charnie Dickson  
(Date received local registrar) (Registrar's signature)

23. Signature C. J. Hamruler (M. D. \_\_\_\_\_)  
Address St James, Mo Date signed 12-15-42

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

31  
0  
0

**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 *Orrell E. Schliker*

Licensed Embalmer No. *3546*

P. O. Address *H. J. Jimmy M.*

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.