

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11730

FILED DEC 10 1942
Registration District No. 309

Primary Registration District No. 6050

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Rural

(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

3. (a) PRINT FULL NAME Sarah Keene

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

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

6. (b) Name of husband or wife Sam C Keene 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept II 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>2</u>	hr. min.

9. Birthplace West Alton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Own Home

MOTHER FATHER { 12. Name Henry Perkinson

13. Birthplace West Alton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Laura Paschal

15. Birthplace West Alton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Homer Smith

(b) Address West Alton Mo.

17. (c) Buriak (b) Date thereof II/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perkinson Cemetery

18. (a) Signature of funeral director John A. Boehr

(b) Address Alton Ills

19. (a) Nov. 16 1942 (b) Rose Barnard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1942 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept 1-30
1938 to Nov 13 1942
that I last saw her alive on Nov 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis and valvular disease
Due to Arterio Sclerosis

Duration 12 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: _____

Of operations _____

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature C. A. Barnard (M. D. or other) _____
Address Postage Division Mo Date signed 11/16/42

678 Sub. (Licensed Embalmer's Statement on Reverse Side)

Nov. 13-1942

RECEIVED 12-14-42

District Health Officer No. 9,

District File Number.....

Date Filed.....

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.....

John A. Hochm

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John A. Hochm

Licensed Embalmer No. *4842*

P. O. Address *Alton, Ills.*

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.