

No. 2
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-17-39
X32873

Dr. Dewey 2249

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 6 1943

Registration District No. 1288

Primary Registration District No. 2000

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County..... Greene

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

(c) Name of hospital or institution:
636 W. Calhoun
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community..... 31 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Greene

(c) City or town..... Springfield
(If outside city or town limits, write "RURAL")

(d) Street No..... 636 W. Calhoun
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Joseph W. Keen

3. (b) If veteran, name war..... no

3. (c) Social Security No..... no

4. Sex..... Male

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Anna Keen

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

7. Birth date of deceased..... May 16 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>7</u>	<u>10</u>	hr. min.

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

10. Usual occupation..... Baker

11. Industry or business.....

MOTHER FATHER

12. Name..... Levi E. Keen

13. Birthplace..... Unknown New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary Lamar

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

16. (a) Informant..... Mrs. Anna Keen

(b) Address..... Springfield, Mo.

17. (a) Burial (b) Date thereof..... Jan. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Mary

18. (a) Signature of funeral director..... H. H. Lohmeyer

(b) Address..... Springfield, Mo.

19. (a) 1-28-43 (b) H. H. Lohmeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 26
year..... 1943 hour..... 12 minute..... 45 p.m.

21. I hereby certify that I attended the deceased from..... Jan 6, 1943
..... 19..... to..... Jan 26, 1943

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Physiological Insufficiency
Acidity

Due to.....

Due to.....

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

Major findings:
Of operations..... 922

Of autopsy.....

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.....

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.....

23. Signature..... James B. Dewey (M. D. or other)

Address..... Springfield, Mo. Date signed..... Jan 27 43

984

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1947

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.....

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, fact should be so stated above.

X