

FILED MAY 11 1943

Registration District No. 205

Primary Registration District No. 452

Registrar's No.

1. PLACE OF DEATH:

(a) County. St Charles

(b) City or town. Wentzville, Mo
(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. 1 Year 6 Mo (Specify whether years, months or days)

In this community. 1 Year 6 Mo

2. USUAL RESIDENCE OF DECEASED: 92

(a) State. Mo (b) County. St Charles

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Emma Keithly

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 1 minute 25 M.

21. I hereby certify that I attended the deceased from Apr 18, 1943 to 1-25-44, 1943
that I last saw her alive on Apr 18, 1943
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased. Feb 19 1856
(Month) (Day) (Year)

Immediate cause of death. Heart Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>1</u>	<u>29</u>	_____ hr. _____ min.

Due to. Acute Indigestion 2 hrs

9. Birthplace. St Charles Co. (City, town, or county) (State or foreign country) 0

Due to. _____

10. Usual occupation. _____

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

11. Industry or business. _____

Major findings: 118:3 Of operations. no Of autopsy. —

12. Name. William Doughty

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

14. Maiden name. Elizabeth Dunlap

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

16. (a) Informant. Lemon (b) Address. Wentzville Mo

17. (a) Burial (b) Date thereof. April, 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Wentzville, Mo

18. (a) Signature of funeral director. Morris Munday

(b) Address. Wentzville, Mo

19. Apr 20 1943 (Date received local registrar) Method S. Ferrell (Registrar's signature)

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. Edwin P. Kemmer (M. D. or other)

Address. Wentzville Mo Date signed 4/20/43

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

9200

MOTHER FATHER

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. 2461

P. O. Address. Wentzville, 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, fact should be so stated above.