

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17003

State File No. ....

Registrar's No. 2321

FILED JUN 7 1943 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kennett  
(c) Name of hospital or institution:  
Home 1414 E. 17th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON  
(c) City or town Kennett (If outside city or town limits, write "RURAL")  
(d) Street No. 1414 E. 17th (If rural, give location)  
(e) Citizen of foreign country? USA (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DENNIS KEET

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race BLACK 6. (a) Single, widowed, married, divorced, WIDOWER  
6. (b) Name of husband or wife ALICE KEET 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased APR 14 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SPRINGFIELD, MO (City, town, or county) (State or foreign country)

10. Usual occupation SHOP PORTER

11. Industry or business FRISCO SHOPS. retired

MOTHER FATHER

12. Name PONT KNOW  
13. Birthplace PONT KNOW 9  
14. Maiden name CYNTHIA COKER  
15. Birthplace ARKANSAS 1

16. (a) Informant EARL KEET  
(b) Address 1414 E. 17th

17. (a) Removed (b) Date thereof 5-20-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director Herbert Smith  
(b) Address Springfield Mo.

19. (a) 5-20-43 (b) W. M. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 2 minute am

21. I hereby certify that I attended the deceased from May 10-1943 to May 18-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to age 162B

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 W. M. Brown (M. D. or other) Address 2200 8th Date signed 5-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

was of age  
at the time  
of death

age

**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 John G. Flynn  
Licensed Embalmer No. 2211  
P. O. Address 1819 E. 15<sup>th</sup>

**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.