

Registration District No. _____

Primary Registration District No. 2000

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:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 hr. (Specify whether
In this community _____ years, months or days)

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. 1819 N. Robberson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Infant Daughter Of Mr. & Mrs Dan Keeling

20. DATE OF DEATH: Month May day 9
year 1943 hour 12:10 minute _____ A.M.

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

21. I hereby certify that I attended the deceased from 4/30 to 5/9, 1943

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

that I last saw her alive on 5/7 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive Inf years

Immediate cause of death _____

7. Birth date of deceased. May 8 1943
(Month) (Day) (Year)

Due to Premature

8. AGE: Years 0 Months 0 Days 0 If less than one day 5 hr. 30 min.

Due to Rupture of membrane

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

Due to _____

10. Usual occupation Infant

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

11. Industry or business Infant

Major findings: _____

12. Name Dan Keeling

Of operations _____

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

Of autopsy _____

14. Maiden name MARGARET BAUGH

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

16. (a) Informant Dan Keeling

22. If death was due to external causes, fill in the following:

(b) Address 1819 N. Robberson

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof May 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Greenlawn CEM.

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director J. W. Klingnee & Co.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Springfield Mo.

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

19. (a) 5-10-43 (b) W. H. Handley
(Data received local registrar) (Registrar's Signature)

23. Signature J. F. Fisher (M. D. or other) _____
Address _____ Date signed 5/14/43

984 (Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

PHYSICIAN
Underline the cause to which death should be charged statistically.

159

Hand

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.....^{Not}
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. B. King

Licensed Embalmer No. *3358*

P. O. Address.....

Springfield, 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.