

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23813

State File No.

3058

FILED AUG 6 1943
149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
514 E 9th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 514 E 9th
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA D DREW

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

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Stephens

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased..... 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months Days If less than one day
hr. min.

9. Birthplace Sedalia Ill
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business House Wife

12. Name Anna

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

14. Maiden name Brown

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

16. (a) Informant Stephen Drew

(b) Address 514 E 9th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem Keokuk

18. (a) Signature of funeral director Sebbeto's

(b) Address 901 E 5th Keokuk Mo

19. (a) 7-12-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9
year 1943 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Chronic myocardial infarction
Acute pulmonary edema

Due to.....
Due to 940

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

Major findings:
Of operations.....

Of autopsy See above

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, or farm, in industrial place, in public place?
While at work..... (Specify type of place) (e) Means of injury.....

23. Signature J. E. Brown (M. D. or other)

Address Keokuk Mo Date signed 7/10/43

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

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 _____

Ray C. Snow

Licensed Embalmer No. _____

2560

P. O. Address _____

KC. 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.