V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25506

State File No.

FILED AUG 7 1943

Registration District No. 210 — Primary Registration District No. 5774 — Registrar's No. 142

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

1. PLACE OF DEATH:
(a) County: Mercer Co.
(b) City or town: Newtown, Mo. (Township) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)
In this community: all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mercer
(c) City or town: rural (If outside city or town limits, write "RURAL")
(d) Street No.: 6 mi. NW Newtown (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Winfield S. Keith
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: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 18, 1850 (Month) (Day) (Year)
8. AGE: Years 93 Months 2 Days 21 If less than one day hr. min.
9. Birthplace: Mercer Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
MOTHER FATHER
12. Name: A. E. Keith
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Rowland
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Ben Willainson
(b) Address: Newtown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 11, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Newtown
18. (a) Signature of funeral director: [illegible]
(b) Address: Princeton Mo.
19. (a) 7-12-43 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1943 hour 9:45 minute P M.
21. I hereby certify that I attended the deceased from July 12, 1943 to 7/9, 1943 that I last saw him alive on 7/9, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	6 hrs
Due to:	
Due to: arterio-sclerosis —	10 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 107	
Of autopsy:	

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, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other) D.O.
Address: Harris, Mo. Date signed 7/10/43

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Hal Frost

Licensed Embalmer No. 2634

P. O. Address Princeton 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.