

ILLU OCT 11 1943

Registration District No. 326

Primary Registration District No. 6207

1. PLACE OF DEATH:

(a) County: Texas
(b) City or town: Rural - Lynch
(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 (Specify whether)

In this community: years, months or days

3. (a) PRINT FULL NAME: Nancy Ellen Keeney

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

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

6. (b) Name of husband or wife: Marion Keeney
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: March 25, 1877 (Month) (Day) (Year)

8. AGE: Years 66, Months 5, Days 14, If less than one day hr. min.

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

10. Usual occupation: House Wife

11. Industry or business:
12. Name: William Thompson

13. Birthplace: Not Known Ind (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Wells
15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Vera Cantrell
(b) Address: 115 W 3rd St Summit Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 10-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Prescott Cem.

18. (a) Signature of funeral director: Smith & Ferguson
(b) Address: Hickling Mo

19. (a) Sept 25-43 (Date received local registrar) (b) Mrs. Ella Keeney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Texas
(c) City or town: Rural
(d) Street No: About one mile west of Prescott (If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 9 year: 1943 hour: 12 minute: 35 A.M.

21. I hereby certify that I attended the deceased from MAY 1940 to SEPT 9 1943 that I last saw her alive on SEPT 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL APOPLEXY

Due to: HYPERTENSIVE CARDIO-RENAL-VASCULAR DISEASE

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

Major findings: Of operations: 1/3/42

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? _____

23. Signature: J. M. Dillman (Specify type of place) (Means of injury) (M. D. or other) Houston, Mo Date signed: 9-18-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0700

RECEIVED

District Health Officer No. 5,

District File Number 1043603

Date Filed 10-8-43

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: Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address. Licking 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.