

S. No. 2  
-9-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34747  
State File No. ....  
Registrar's No. 853

FILED OCT 25 1943

Registration District No. 378 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(d) Length of stay: In hospital or institution 2 days  
In this community 2 days years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence  
(c) City or town Mt. Vernon  
(d) Street No. none  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Henry C. Keitz  
3. (b) If veteran, name war unk. 3. (c) Social Security No. unk.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 15  
year 1943 hour 10 minute 40 A.M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife W. Robert Keitz  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased December 12 1970

21. I hereby certify that I attended the deceased from October 13 1943 to October 15 1943  
that I last saw him alive on October 15 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 10 Days 3  
If less than one day hr. min.

Immediate cause of death Appendicitis, acute suppurative  
Due to 12/11  
Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace unk. (City, town, or county) Kansas (State or foreign country)

10. Usual occupation ret. grocery man  
11. Industry or business None  
12. Name Henry C. Keitz  
13. Birthplace unk. (City, town, or county) Germany (State or foreign country)  
14. Maiden name Ward  
15. Birthplace unk. (City, town, or county) Germany (State or foreign country)

PHYSICIAN  
Major findings: Of operations, large appendiceal abscess, perforated appendix  
Of autopsy None  
Underline the cause to which death should be charged statistically.

16. (a) Informant W. R. Schmidtke  
(b) Address Mt. Vernon Mo  
17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Oct 17 - 1943  
(c) Place: burial or cremation DOFC Cem. Mt. Vernon Mo  
18. (a) Signature of funeral director H. D. Barrett  
(b) Address Mt. Vernon Mo  
19. (a) 10-16-43 (b) H. R. Handley (Registrar's signature)

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) (e) Means of injury  
23. Signature H. R. Handley (M. D. or other)  
Address Springfield Date signed 10-16-43

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

MOTHER FATHER

784 (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.....

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

working under my personal supervision.

Signed.....

*Max L. Fossett*

Licensed Embalmer No.....

*4252*

P. O. Address.....

*Mt Vernon 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.**