

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 142002
Registrar's No. 374

FILED JAN 7 1944
Registration District No. 744

Primary Registration District No. 3012

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24
(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL.")
(d) Street No. 111 Temple (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie Stuart Keith
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 21 year 1943 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 1942 to Dec 21 1943 that I last saw him alive on Dec 21 1943 and that death occurred on the date and hour stated above.

4. Sex Female 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: July 4th, 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis
sh. blood
Due to Malaria + Thrombosis

8. AGE: Years Months Days If less than one day
75 7 4 _____ hr. _____ min.

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

9. Birthplace: Nova Scotia Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business _____
12. Name Donald McArcher
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Martha Lusk
15. Birthplace Canada 2
(City, town, or county) (State or foreign country)

Major findings: in operation
Of operations _____
Of autopsy _____

16. (a) Informant Jessie Keith
(b) Address _____
17. (a) Burial (b) Date thereof Dec. 23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery
18. (a) Signature of funeral director Claude P. Richard
(b) Address Excelsior Springs, Mo
19. (a) Dec. 23-43 (b) Mrs. Sadie P. Brown
(Date received local registrar) (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 Robert F. Dawson (M.D. or doctor)
Address Excelsior Springs, Mo Date signed 12-21-43

Duration 3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

1-6-94

REC'D 2 JAN 1994

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 Earl Rapp
Licensed Embalmer No. 3458
P. O. Address Excelsior Springs, 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.