

S. No. 2
OM-2-43
v. 5-17-39
-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6119

FILED FEB 24 1944

Registration District No. 77

Primary Registration District No. 4016

Registrar's No. * 3

320

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

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Tarkio
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs.
In this community 3 yrs.
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME Missouri Catherine Keith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or Rev. S.S. Keith 6. (c) Age of husband or 84 if alive years
7. Birth date of deceased Dec. 9, 1959
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 9 If less than one day hr. min.

9. Birthplace New Hartford, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Levi S. Moore

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

14. Maiden name Paulina Jane Motley

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

16. (a) Informant Miss Keith

(b) Address Tarkio, Mo.

17. (a) Burial (b) Date thereof Jan 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Cemetery, Tarkio

18. (a) Signature of funeral director Alvin Funeral Home
(b) Address Tarkio, Mo.

19. (a) Jan 5, 1944 (b) M. O. Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 18
year 1944 hour 2 minute 20 M.
21. I hereby certify that I attended the deceased from Jan 10
1944 to Jan 18, 1944
that I last saw her alive on Jan 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Duration 8 days

Due to _____
Due to _____

Other conditions Seizure
(Include pregnancy within 3 months of death) 33a

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____ (Specify type of place)
Means of injury _____
23. Signature W. S. Washell M.D. (M. D. or other)
Address Tarkio, Mo. Date signed 1/20/44

1399

(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.....

John M. Davis

Licensed Embalmer No. *2394*

P. O. Address *Garfield, 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.