

No. 2
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5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7190
State File No. _____
Registrar's No. 1819

FILED MAR 8 1944
Registration District No. 128

Primary Registration District No. 2000

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution:
852 E. GRAND / AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **83 YR. 5 MO. 4 DAYS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **852 E. GRAND**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY S. KEYES.**
(b) If veteran, name war **NONE**
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **23**
year **1944** hour **2** minute **10 P.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOW**
7. Birth date of deceased **Sep 19, 1860**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 10** 19 **44** to **Feb 23** 19 **44**
that I last saw her alive on **July 23** 19 **44**
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **5** Days **4**
If less than one day _____ hr. _____ min.

Immediate cause of death **Chronic Arthritis**
Due to **Chronic nephritis**
Due to _____

9. Birthplace **Greene Co. MO.**
(City, town or county) (State or foreign country)

Other conditions **Sex Senile Changes**
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name **Mrs. W. Jeffries**
13. Birthplace **W. Va. Ky. 1**
(City, town or county) (State or foreign country)
14. Maiden name **Edmira Messick**
15. Birthplace **W. Va. Tenn.**
(City, town or county) (State or foreign country)

Major findings: Of operations **none**
Of autopsy **no**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Raymond Blair**
(b) Address **Springfield Mo.**
17. (a) **Burial** Date thereof **Feb 26-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn Cem**
18. (a) Signature of funeral director **W. H. ...**
(b) Address **Springfield, Mo.**
19. (a) **2-25-44** (b) **W. H. ...**
(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 **S**
23. Signature **O. F. ...**
Address **Springfield, Mo.** Date signed **2/25/44**

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.....

Roy A. Hawkins

Licensed Embalmer No.....

1763

P. O. Address.....

Springfield 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.

X