G. No. 2
M—2-43
5-17-39
I X35697

97
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8466

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
West College Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 97

(a) State Missouri (b) County Saline /

(c) City or town Marshall 9
(If outside city or town limits, write "RURAL")

(d) Street No. West College Street
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME William Charles Keirn

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Keirn 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April (Month) 21 (Day) 1857 (Year)

8. AGE: Years 86 Months 9 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace DesMoines (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Nathan Keirn
13. Birthplace ✓ (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Hannah Pond
15. Birthplace ✓ (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs C R. Norvell
(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.

19. (a) 2-8-1944 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 2
year 1944 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from ____, 1940, to Feb 4, 1944
that I last saw him alive on Feb 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility
Asthma

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN
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? ____ (e) Means of injury 0

23. Signature John R Lawrence (M. D. ~~or other~~)
Address Marshall, Mo Date signed Feb 7-44

1-2-15

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED.
District Health Officer No. 8,
District File Number
Date Filed 3-13-14

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 R. M. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.