

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10635

FILED APR 5 1944

Registration District No. 2

Primary Registration District No. 4097

Registrar's No. 46

## 1. PLACE OF DEATH:

(a) County Cass  
 (b) City or town Harrisonville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 404 E. Mechanics  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution at home  
 In this community 9 months  
 years, months or days (Specify whether)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass  
 (c) City or town Harrisonville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 404 east mechanics  
 (If rural, give location)  
 (e) Citizen of foreign country? — (Yes or No)  
 If yes, name country —

## 3. (a) PRINT FULL NAME

(b) If veteran,  
name war

(c) Social Security  
No.

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced M.  
 6. (b) Name of husband or wife Eldon Roy Keathler 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased Aug 5 - 1885  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 14 hr. — min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Warren Guy

13. Birthplace no record 9  
 (City, town, or county) (State or foreign country)

14. Maiden name Lucinda Spencer

15. Birthplace no record 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Eldon R. Keathler

(b) Address Harrisonville Mo

17. (a) burial (b) Date thereof 3/22/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Mo.

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Harrisonville Mo

19. (a) March 20, 1944 (b) Margaret Tolle  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
 year 1944 hour 12:00 minute NOON M.

21. I hereby certify that I attended the deceased from —  
 19—, to —, 19—;

that I last saw her alive on —, 19—;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary  
obstruction

Due to —

Due to —

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

Major findings:  
 Of operations —

Of autopsy —

## 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? — (Specify type of place)  
 (e) Means of injury —

23. Signature E. W. Griffith (M. D. or other)

Address Harrisonville Date signed 3/20/44

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

MOTHER, FATHER

1047

Licensed Embalmer's Statement on Reverse Side

Coroner Cass Co.

APR 7 1944

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 *personally*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Lloyd Atkinson*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.