. S. No. 2
0M—5-43
v. 5-17-39
I X36571

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11866

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Bolivar (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 N. Springfield St. (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) Life

2. USUAL RESIDENCE OF DECEASED: 84
(a) State Missouri (b) County Polk
(c) City or town Bolivar (If outside city or town limits, write "RURAL")
(d) Street No. 216 N. Springfield St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Caroline Elizabeth Keeling
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife A. O. Keeling
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Jan. 20, 1873 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Morgan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business House Work
FATHER
12. Name James M. Sims
13. Birthplace Morgan Co (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Rebecca P. Clark
15. Birthplace Cooper Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Claud Mustain
(b) Address Bolivar, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Erwin and Blue
(b) Address Bolivar, Mo
19. (a) Mar. 17 1944 (Date received local registrar) (b) Alice Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1944 hour 5:30 minute A. M.
21. I hereby certify that I attended the deceased from 1940, 19..., to Mar. 15, 1944 that I last saw her alive on Mar. 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma pelvic organs with metastasis to liver Area.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

46 f

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
23. Signature W. F. Gunburn (M. D. or other)
Address Bolivar, Mo. Date signed 3-16-44

1294

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1944

RECEIVED
District Health Officer No. 7
District File Number 3-44-35-7
Date Filed 4-7-44

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.