

No. 2  
8-13  
17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15992

FILED MAY 11 1944

Registration District No. 348

Primary Registration District No. 6176

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Browning Taylor Sup.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Browning Taylor Sup.  
(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 MRS ELIZABETH I KEITHLEY

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 Widow

6. (b) Name of husband or wife Albert Keithley

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 15 1857  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Gamelial Baker

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

14. Maiden name Jane Hart

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

16. (a) Informant Mrs Oliver Lay

(b) Address Browning Mo

17. (a) Burial (b) Date thereof 4-29-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director R. Payne

(b) Address Halt Mo

19. (a) May 1, 1944 (b) Mrs John Todd  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1944 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from April 24, 1944 to April 27, 1944  
that I last saw ex alive on April 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Peritonitis Duration 36 hrs.

Due to acute appendicitis 3 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 121

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. Simpson (M. D. or other) \_\_\_\_\_  
Address Imber Date signed 4-28

1353

(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.....

*P. K. Payne Jr*

Licensed Embalmer No.....

*3400*

P. O. Address.....

*Galt*

**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.**