. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21107

Registration District No. 42 Primary Registration District No. 1400 Registrar's No. 681

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 625 So 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 625 So 10th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary E Keown
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 Married
6. (b) Name of husband or wife John R.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 29 (Day) 1854 (Year)
8. AGE: Years 89 Months 11 Days 30 If less than one day hr. min.
9. Birthplace (City, town, or county) Ill (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Cortez Pyle
FATHER 13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name Catherine Ann
MOTHER 15. Birthplace (City, town, or county) Ill (State or foreign country)
16. (a) Informant Mrs Dorcas Bower
(b) Address K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lemoria Ia.
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph Mo.
19. (a) 6/30/44 (Date received local registrar) (b) Helen A Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1944 hour 2 minute 45 A.M.
21. I hereby certify that I ~~attended~~ viewed the deceased from on June 28, 1944, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myo-Carditis	5 yrs
Due to General Arteriosclerosis	5 yrs
Due to GB	
Other conditions (Include pregnancy within 3 months of death) Woman died following a bed illness for the last 3 weeks.	
Major findings: Of operation Shortness of breath	
Of autopsy No. Attacks of acute indigestion and swelling feet	

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
Signature H. J. Murphy (M. D. or other) Coroner
Address 404 So 3d Date signed 6/28/44

1277

(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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.