

FILED JUL 13 1944

Registration District No. 02

Primary Registration District No. 5240

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Washington Twsp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community XXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Cedar 20
(c) City or town Rural-Washington Twsp. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Donald Lee Keith

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex 0 male race white 5. Color or 0 divorced single
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased May 2, 1944
(Month) (Day) (Year)

8. AGE: Years XXXX Months XXX Days 6 If less than one day
hr. _____ min.

9. Birthplace Stockton, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation XXX

11. Industry or business XXX

12. Name Ray Keith
13. Birthplace Stockton, Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Loreta Cole
15. Birthplace Jerico Springs, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Keith
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 5-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Union Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address STOCKTON, MISSOURI

19. (a) 7-1-44 (b) Mrs Ethel Church
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1944 hour 1 minute 0 P. M.
21. I hereby certify that I attended the deceased from May 2
1944 to May 8 1944
that I last saw alive on May 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Patent foramen ovale 1 wsr.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1572

Major findings: Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature W. Leper (M.D. or other) W
Address Stockton Mo Date signed 6-2-44

Duration
Physician
Underline the cause to which death should be charged statistically.

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

20
0
0

RECEIVED
District Health Officer No. 7
District File Number 6-44-802
Date Filed 7-10-44

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..... *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address..... *Stockton, Cal.*

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.