

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 200

FILED JUL 20 1944
Registration District No. 20

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Peppan Bluff

(c) Name of hospital or institution: Luz Lee Hosp. - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. 15 miles N of Highway #14
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Armentia Bernice Keck

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 23, 1929
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>15</u>	<u>1</u>	<u>16</u>	hr. min.

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

10. Usual occupation Student

11. Industry or business grade school

12. Name B. C. Keck

13. Birthplace Wayne Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Golda Dillender

15. Birthplace Wayne Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant B. C. Keck

(b) Address Naylor

17. (a) Burial (b) Date thereof June 11, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sethel Camp

18. (a) Signature of funeral director M. Annis

(b) Address Naylor

19. (a) 6-15-44 (b) Belle Springs
(Date received local copy) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1944 hour 8 minute XO A.M.

21. I hereby certify that I attended the deceased from May 13, 1944 to June 9, 1944
that I last saw him alive on June 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis

Due to 3rd degree burns 2/3 body surface

Duration 7 days

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) accident 012

(b) Date of occurrence May 13-1944

(c) Where did injury occur? Home Naylor Butler Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm
(Specify type of place) (e) Means of injury Kerosene Engine

23. Signature D. P. Kuehert (M. D. or other) _____
Address Peppan Bluff Mo Date signed 6/14/44

RECEIVED

District Health Office No. 2,

District File Number 144-930

Date Filed 1-5-44

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 Bryan McCord

Licensed Embalmer No. 4979

P. O. Address Wayle, 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.