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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27759

FILED SEP 9 1944

Registration District No. 125

Primary Registration District No. 2000

Registrar's No. 704

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 112

(a) State Mo. (b) County Webster O

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

(d) Street No. Rural Route #1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME James McKeel

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M.

5. Color or race W.

6. (a) Single, ~~widowed, married,~~ O ~~divorced~~ single

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased December (Month) 21, (Day) 1941 (Year)

8. AGE: Years 2 Months 8 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Niangua Webster Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Oral McKeel
13. Birthplace Webster Co. Mo. O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hazel Vance
15. Birthplace Webster Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant father ORAL McKeel
(b) Address R#1 Niangua, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Niangua, Mo.

18. (a) Signature of funeral director Rex Rainey
(b) Address Marshfield Mo.

19. (a) 8-31-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
year 1944 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 8-28-44, 19..., to 8-30-44, 19...;
that I last saw him alive on 8-30-44, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis (acute)	5 d.
Due to Appendicitis	2 d.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

12/11

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 O

23. Signature Victor Busick (M. D. or other)
Address Springfield Mo. Date signed 8-30-44

484

(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.....

Licensed Embalmer No. 3 3 1 2

P. O. Address.....

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.