

FILED JAN 15 1945

Registration District No. _____

Primary Registration District No. 3002

State File No. _____

Registrar's No. 174

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

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Mexico Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 1/2 hours
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Massachusetts (b) County Callaway
 (c) City or town Aux Vasse
(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 Selen Elaine Keykendall

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced X

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

7. Birth date of deceased Jan 5 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>11</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Melvin B. Keykendall

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

14. Maiden name Catherine Wondolac

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof Dec 31 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation V.O.O.F. cemetery Ottaville

18. (a) Signature of funeral director Hughes Manskin

(b) Address Aux Vasse Mo

19. (a) 12/29/44 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
 year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 28
 1944, to Dec 28 1944
 that I last saw her alive on Dec 28 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to _____
 Due to _____
 Other conditions 122
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy Tuberculosis

Duration

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature H. J. ... (M. D. or other) MD
 Address MEXICO MO Date signed 12-29-44

1074

DEC 1 1 1950

RECEIVED
District Health Officer No. 10
District File Number 1-45-173
Date Filed JAN 12 1945

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 Hughes Maukin.....

Licensed Embalmer No. 2358

P. O. Address Auxvasse, 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.