

FILED MAR 6 1945  
Registration District No. ....

Primary Registration District No. 4221

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt. 44

(c) City or town Mound City  
(If outside city or town limits, write "RURAL") 0

(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 Mary Alice Keiffer.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febry. day 12th.  
year 1945 hour 11 minute A M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Duard Keiffer

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: June 6 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 12  
1945, to Feb 12 1945  
that I last saw him alive on Feb 12 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 8 Days 6 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis 25 yrs.  
Duration

9. Birthplace New Market Virg.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Robert Perry Handley

13. Birthplace Virg. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Schaffer

15. Birthplace Virg. 1  
(City, town, or county) (State or foreign country)

Other conditions kin. Arthritis  
(Include pregnancy within 3 months of death)

16. (a) Informant Duard Keiffer  
Mound City MO.

(b) Address Burial

Major findings: Q 30

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof Febry 16/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director W. E. Paul

(b) Address Mound City, Mo.

19. (a) 2-16-45 (b) Pauline Jurson  
(Date received local registrar) (Registrar's Signature)

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. E. Paul D.O. (M. D. or other)

Address Mound City, Mo. Date signed Feb 16

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

4  
1  
0

1185

**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 W. H. Crawford  
Licensed Embalmer No. 1824  
P. O. Address Mound City 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.**