S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6384

State File No.

FILED MAR 7 1945

Registration District No. 7 3 6 Primary Registration District No. 2001 Registrar's No. 101

9
2
5

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: St. Johns Hospital 0
(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: 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 210 South Cox 5
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country: No

3. (a) PRINT FULL NAME: Kittie Francis Keith

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: M. B. Keith

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

7. Birth date of deceased: January (Month) 3 (Day) 1862 (Year)

8. AGE: Years 83 Months 1 Days 18 If less than one day: hr. min.

9. Birthplace: Adams County (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: Housewife

11. Industry or business: same

MOTHER FATHER

12. Name: James Adair

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

14. Maiden name: Emily Jacobs

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

16. (a) Informant: Roy E. Crossman

(b) Address: 216 S. Cox Ave. Joplin Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 2-25-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Lima Illinois.

18. (a) Signature of funeral director: Hurlbut Undtkng. Co.

(b) Address: 212 Joplin St. Joplin Mo.

19. (a) 2-22-45 (Date received local registrar) (b) Geturs Dudhalter (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 21, day 1945 year hour 7-30 P.M. minute M.

21. I hereby certify that I attended the deceased from 4/5/43, 19 to 2-21-45, 19; that I last saw her alive on 2-21-45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 yrs.
Due to: Arteriosclerosis	"
Due to:	
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)

(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: 0

23. Signature: Walter Howard (M. D. or other)

Address: Joplin Mo. Date signed: 2/22/45

(Licensed Embalmer's Statement on Reverse Side)

45-2-144

MAR - 8 1945

MAR - 8 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~~ Donald L. Blue, Registered Apprentice No. 377, working under my personal supervision.

Signed Tony K. Hirelbird

Licensed Embalmer No. 959

P. O. Address Joplin 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.