

FILED MAY 12 1945

Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 364

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

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:
1127 E. Brower
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Edward F. Keyes

3. (b) If veteran, name war No

3. (c) Social Security No. 149879

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Laura A. Keyes

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 6, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>73</u>	<u>9</u>	<u>24</u> hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Almond C. Keyes

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

14. Maiden name Mary C. Ganes

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

16. (a) Informant Laura A. Keyes

(b) Address 1127 E. Brower, Springfield, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May 3-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield Missouri

19. (a) 5-2-45
(Date received local registrar)

(b) Dr. W.E. Handley
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1127 E Brower
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Unattended by a physician
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary occlusion

Due to.....

Due to.....

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

Major findings:
Of operations..... Aut

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?.....

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

23. Signature Dr. W.E. Handley (M. D. or other)
Address Springfield Mo Date signed 5/1-45

MAY 16 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.....

Licensed Embalmer No.

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.