

FILED MAY 11 1945
Registration District No. 251

Primary Registration District No. 4200

Registrar's No. 52

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Ash Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Life time in same community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GREENE 39
(c) City or town Ash Grove, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BURTON KEEPER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Verba Van Pelt 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased June 24 - 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Retired farmer

12. Name Alexander Keeper

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

14. Maiden name Mary Redfean

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

16. (a) Informant Mrs. Mattie Keeper

(b) Address Ash Grove, Mo.

17. (a) Burial (b) Date thereof April 20 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Gene A. Brian

(b) Address Walnut Grove, Mo.

19. (a) April 19 - 1945 (b) J. B. Birch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month April day 19
year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 1944 to April 1945
that I last saw him alive on April 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

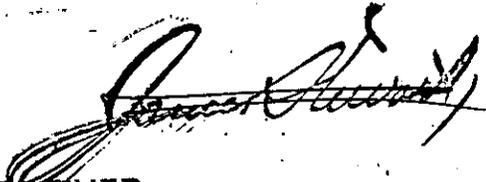
23. Signature Stoner M. Matz (M. D. or other) 2/3

Address Ash Grove, Mo. Date signed 4/19/45

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

MOTHER FATHER

1254


RECEIVED

Greene County Health Office,

County File Number 45-5-46

Date Filed 5-9-45

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 Gene a. Binn

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.