

Registration District No.

Primary Registration District No. 5780

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

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon (Rural) Saline
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon (Rural)
(d) Street No. Saline Township
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Lias Keever

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, Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....
7. Birth date of deceased Feb. 19 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Ashland, Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Phillips Keever
13. Birthplace Ashland, Co. Ohio
14. Maiden name Elizabeth Fike
15. Birthplace Ashland Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Keever
(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 4-9-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dooley Cemetery
Phillips Funeral Home

18. (a) Signature of funeral director.....
(b) Address Eldon Missouri

19. (a) 4-9-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1945 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan 1943 to 4-7 1945
that I last saw him alive on 4-5-45 and that death occurred on the date and hour stated above.
Immediate cause of death uremia

Due to Chronic Interstitial nephritis
Due to.....

Other conditions Arteriosclerosis, Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy 131k

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (c) Means of injury.....
23. Signature E. G. Shelton (M. D. or other)
Address Eldon Mo Date signed 4-9-45

Duration 3 days
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

Miller County Health Dep't.

County File Number 45-43

Date Filed 5-5-45

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.....

..... Louis D. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.