

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4540

State File No. _____

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 East Atkinson
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 405 East Atkinson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harriet Taylor Keith

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 4 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 27 _____ hr. _____ min.

9. Birthplace Cass Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Albert G. Keith
13. Birthplace no record Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Taylor
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Gloyd
(b) Address 405 E. Atkinson

17. (a) Burial (b) Date thereof 2-2/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Culver-Underwood

18. (a) Signature of funeral director _____
(b) Address Butler, Missouri

19. (a) 2-2-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1946 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from June 8, 1929 to Jan 31, 1946
that I last saw her alive on Jan 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to chronic asthma

Due to _____

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

Major findings: Of operations 107
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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Butler, Mo Date of death 2-1-46

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

3565

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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed

John G. [Signature]

Licensed Embalmer No. 3585

P. O. Address Butler 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.