No. 2
—5-43
5-17-39
I X36871

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED MAR 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10209

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 10

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid 92
(c) City or town Portageville, Mo. 6
(If outside city or town limits, write "RURAL")
(d) Street No. 20
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martin Adam Kegley
3. (b) If veteran, name war none
3. (c) Social Security No. 489-14-8463
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Lee Kegley
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased February (Month) 6 (Day) 1880 (Year)

8. AGE: Years 65 Months 11 Days 30 If less than one day hr. min.

9. Birthplace Clay County (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Bricklayer
11. Industry or business
MOTHER FATHER
12. Name Bud Kegley
13. Birthplace Do not know (City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace Do not know (City, town, or county) (State or foreign country)
16. (a) Informant Carlos Kegley
(b) Address Portageville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-6-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery
18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville, Mo.
19. (a) 2-7-46 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., day 5th
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from Feb., 3rd, 1946 to Feb., 5th 1946
that I last saw him alive on Feb., 7 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Broncho-Pneumonia
Due to Primarily, Influenza
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 33

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

23. Signature A. A. Reeves (M. D. or other)
Address Portageville, Mo. Date signed 2-7-46

219 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 346-398
Date Filed 3/15/46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leonard John Garys

Licensed Embalmer No. 4336

P. O. Address Portageville, 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.