

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 26

1. PLACE OF DEATH: Barry
 (a) County Monett
 (b) City or town Monett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Vincent
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution three days
 (Specify whether
 In this community 16 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 55
 (a) State Mo (b) County Lawrence
 (c) City or town Pine City
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARY BELLE McKEEBY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 19th
 year 1946 hour 3:30 minute _____ P.M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife William D. McKeeby alive _____ years
 6. (c) Age of husband or wife if 16 years
 7. Birth date of deceased 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 13, 1946, to March 19, 1946, that I last saw her alive on March 19, 1946, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Coronary Artery Occlusion
 Due to cause unknown
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

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

Major findings: None
 Of operations None
 Of autopsy None

10. Usual occupation Housewife
 11. Industry or business _____

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? _____

MOTHER FATHER
 12. Name Walton
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Dumble
 15. Birthplace Canada
 (City, town, or county) (State or foreign country)

23. Signature Robert M. Keady (M. D. or other M.D.)
 Address Monett, Mo. Date signed Mar 20 '46

16. (a) Informant Mrs. McKeeby
 (b) Address Pine City Mo

17. (a) Burial (b) Date thereof March 22-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Edwin Wilks
 (b) Address Pine City
 19. (a) 3-27-46 (b) J. M. West
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 446-420

Date Filed APR 12 1946

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, ~~me~~

Edwin P. Wilks

Registered Apprentice No.

working under my personal supervision.

Signed

Edwin P. Wilks

Licensed Embalmer No.

H 131

P. O. Address

Pierce City

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.

Registration District No. 13

Primary Registration District No. 3003

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Mary B. McKeeby

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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased Aug 16 (Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days _____ (less than one day) hr. _____ min. _____

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

10. Usual occupation Retired House wife

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-2K-X6 (b) W.M. West (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

12120