

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo.

(c) Name of hospital or institution Brandon Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5 Days  
(If not in hospital or institution, write street number or location)

In this community 5 Days  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter

(c) City or town Van Buren Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Charles I, Keathley

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1945 hour 3 minute 00 A.M.

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Keathley 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 8 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28 1945, to June 1st 1945;  
that I last saw him alive on 6-1-45, 1945;  
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 2 Days 22 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death acute Cardiac Failure

Due to .....

Due to .....

9. Birthplace Iron Co. Mo.  
(City, town, or county) (State or foreign country)

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

10. Usual occupation Laborer

11. Industry or business Handle Factory

Of autopsy .....

PHYSICIAN

12. Name James A. Keathley

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

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

14. Maiden name Jane Asberry  
(City, town, or county) (State or foreign country)

15. Birthplace Iron Co. Mo.  
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

16. (a) Informant Mrs. Luster Hill

(b) Address Van Buren Mo.

(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 .....

17. (a) Burial (b) Date thereof 8-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Mo.

23. Signature [Signature] (M.D. or other) [Signature]  
Address Poplar Bluff, Mo. Date signed 6-7-45

18. (a) Signature of funeral director Phil A. Leuckel

(b) Address Van Buren Mo.

19. (a) 6-28-46 (b) R.A. Ninette  
(Date received local registrar) (Registrar's signature)

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

12  
7  
3

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 746-819

Date Filed 7-9-46

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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 6-1-45

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Bldg

**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.