. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22684

Registration District No. 27 Primary Registration District No. 3026 Registrar's No.

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Conv. Home
(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)
In this community All her life

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

3. (a) PRINT FULL NAME Belle Hancock Keyser
3. (b) If veteran, name war ----
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. C. Scotten
6. (c) Age of husband or wife if alive --
7. Birth date of deceased Feb. 28, 1868 (Month) (Day) (Year)
8. AGE: Years 77 Months 11 Days 3 If less than one day hr. min.
9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name Wm. W. Hancock
FATHER 13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Mary E. Brashear
MOTHER 15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Earl Buckner
(b) Address Fayette, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette, City Cemetery
18. (c) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 10-22-46 (Date received local registrar) (b) Mrs R. C. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1946 hour 2:15 minute P M.
21. I hereby certify that I attended the deceased from Feb. 1, 1946, to, 19..; that I last saw h. alive on Feb. 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hem	few hr
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) Broken hip	4 yr

Major findings:
Of operations None
Of autopsy None

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) No
(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? No
While at work? (Specify type of place) (e) Means of injury
23. Signature W. P. Dysart (M. D. or other) M.D.
Address Columbia, Mo. Date signed 2-5-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-23-46

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~~.....

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

working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.

S. No. 2B
5M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22684

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 250

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard

(c) City or town Fayette
(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

3. (a) PRINT FULL NAME Belle H. Keyser

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 years

7. Birth date of deceased Feb 28 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Wm W. Hancock
13. Birthplace Howard Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary E. Brashear
15. Birthplace Howard Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Earl Buckner
(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A Carr
(b) Address Fayette, Mo.

19. (a) 10-22-46 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1946 hour minute M.

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

Immediate cause of death Cerebral Hemorrhage — Duration few hr

Due to

Due to

Other conditions Broken hip — 1 yr.
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. P. Dysert (M. D. or other) MD
Address Columbia, Mo Date signed

SUPPLEMENTARY

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

21548