S. No. 2
1—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24363

State File No.

Registration District No. 215 Primary Registration District No. 5783 Registrar's No.

1. PLACE OF DEATH

(a) County Miller

(b) City or town Rural Richwoods
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD 1
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD 1 Iberia, Mo
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Thomas Keeth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal Davis

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July (Month) 24 (Day) 1870 (Year)

8. AGE: Years 75 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Anderson Keeth
13. Birthplace Miller County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Martha Smith
15. Birthplace Miller County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Albert Keeth
(b) Address Iberia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 25 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery Iberia, Mo

18. (a) Signature of funeral director Loren L. Adams
(b) Address Iberia, Mo.

19. (a) 7-25-46 (Date received local registrar) (b) Jessie Perkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 6, 1946, to July 12, 1946, that I last saw him alive on July 15, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	6 Months
Due to: Chronic Myocarditis	years
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm. A. Gould (M. D. or other) DO
Address Iberia Mo Date signed 7/25/46

145 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number 6-46-604
Date Filed 6-8-46

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. Susan L. Adams

Licensed Embalmer No. 4207

P. O. Address Sheridan, 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.