

S. No. 2
M-8-43
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 40

Registration District No. 62 Primary Registration District No. 8240

1. PLACE OF DEATH
(a) County Cedar Washington
(b) City or town Rural Washington
(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
In this community All of life
years, months or days

3. (a) PRINT FULL NAME Mattie Keith
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex MO 5. Color or race A
6. (a) Single, widowed, married, divorced D 3
6. (b) Name of husband or wife Cora Keith
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb. 19, 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 17
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Perry Keith
13. Birthplace Ocala, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Olga Ramsley
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Keith
(b) Address 2202 N. St. Louis, Mo.
17. (a) Burial (b) Date thereof 10-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Union Church, near

18. (a) Signature of funeral director Church, near
(b) Address Stockton, Mo.
19. (a) 10-12-46 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town Rural Washington
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 5
year 1946 hour 9 minute P.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 Fractured Skull
Due to Injury struck on head by blunt instrument
Due to as above
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy no

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 Homicide
(b) Date of occurrence 10-5-46
(c) Where did injury occur? Cedar, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
near house
While at work? (Specify type of place) (e) Means of injury _____
23. Signature M. L. Garrison
Address Cedar Rapids, Mo. Date signed 10-7-46

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

318

54

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer NO. 7,

District File Number 9-46-1055

Date Filed 10-16-46

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 Melvin Owen

Licensed Embalmer No. 3272

P. O. Address Stokton 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.