No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 292

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5999

State File No. 34467

Registrar's No.

1. PLACE OF DEATH:

(a) County RALLS.

(b) City or town RURAL (CENTER-TOWNSHIP)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 MI NORTH-OF-CENTER-MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community ALL OF LIFE.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS. 87

(c) City or town CENTER-MO. R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. CENTER-TOWNSHIP.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMA-BELL-KEITHLY.

3. (b) If veteran, name war

3. (c) Social Security No. NONE.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife D.C. KEITHLY.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased NOV-13-1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	10	hr. min.

9. Birthplace RALLS, CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business HOME.

FATHER
12. Name JOE-RICE.
13. Birthplace RALLS, CO. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name LAVINA-BUSH.
15. Birthplace RALLS, CO. (City, town, or county) MO. (State or foreign country)

16. (a) Informant D. C. Keithly
(b) Address CENTER, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-26-1946 (Month) (Day) (Year)

(c) Place: burial or cremation CENTER, MO.

18. (a) Signature of funeral director Clyde C. Wilbey
(b) Address PERRY, MO.

19. (a) Sept 25-1946 (Date received local registrar) (b) Clyde C. Wilbey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Oct~~ Sep day 24rd year 1946 hour 11:25 minute A. M.

21. I hereby certify that I attended the deceased from May 13, 1944 to Oct 23, 1946 that I last saw her alive on Oct 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver, stomach, int. tract

Due to Unknown

Due to Unknown

Other conditions None 46F
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma found when operated 2 yrs ago of the liver
Of autopsy None

Duration: 2 yrs and 5 mo.

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 C. H. Brooks (M. D. or other) D.O.

Address CENTER-MO Date signed 9/25/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 20-46-2006
NOV - 8 1946
Date Filed

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 Clydee Wilkey

Licensed Embalmer No: 3820

P. O. Address Perry, Ga.

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.