

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Jasper  
(c) Name of hospital or institution: St. John's Hospital  
(d) Length of stay: In hospital or institution 3 days  
In this community since 1919

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper 49  
(c) City or town Jasper  
(d) Street No. 2410 Penn Ave 5  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country.

3. (a) PRINT FULL NAME Oscar R. McKeith  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 13 year 1946 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from post mortem years 19 to 19 that I last saw him live on 11-13-19 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced. (b) Name of husband or wife Elizabeth (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Mar. (Month) 30 (Day) 1882 (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to Hy pertension 4-5 yrs.  
Due to Cholesterol nephritis 4-5 yrs.

8. AGE: Years 64 Months 7 Days 14 If less than one day .hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations: 1317  
Of autopsy:

9. Birthplace Newton Co. Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Manager  
11. Industry or business Professional Credit Bureau  
12. Name John J. McKeith  
13. Birthplace Aurora MO (City, town, or county) (State or foreign country)  
14. Maiden name Nancy E. Blankenship  
15. Birthplace MO (City, town, or county) (State or foreign country)

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Elizabeth McKeith  
(b) Address 2410 Penn Ave  
17. (a) Burial (b) Date thereof Nov 15-46 (c) Place: burial or cremation Old Fellows Cemetery, Jasper  
18. (a) Signature of funeral director Thaddeus Dixon  
(b) Address 305 W. 7th St. Jasper  
19. (a) 11-14-46 (b) (Date received local registrar) (Registrar's signature)

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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature J. L. Chenoweth (M. D. or other) Date signed 11/14/46

46-11-996

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

Signed..... *David Dillon* .....

Licensed Embalmer No..... *3898* .....

P. O. Address..... *Joplin, 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.**