

Registration District No. 137

Primary Registration District No. 422

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City.
(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 Missouri (b) County Holt
(c) City or town Mound City,
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him DEAD alive on FEB 2, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death UNKNOWN

3. (a) PRINT FULL NAME Ulysses Grant Keaster
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, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 30th, 1806
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Holt County Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Retired Business Man.

11. Industry or business _____

12. Name John Keaster.

13. Birthplace Penn.
(City, town or county) (State or foreign country)

14. Maiden name Sarah Brown.

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Keaster.

(b) Address Bigelow, Mo.

17. (a) Burial (b) Date thereof Feb, 5/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director Wm Crawford
(b) Address Mound City, Mo.

19. (a) July 5 (b) W J Gray
(Date received local registrar) (Registrar's signature)

Duration _____
Due to UNKNOWN
THIS MAN WAS FOUND DEAD BY
Due to IN NEIGHBOR. HE WAS IN BED,
LIVED ALONE. FOUND BY H.L. FIEL
Other conditions MOUND CITY, MO.
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy good

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?
While at work? _____ (Specify type of place) (e) Means of injury g
23. Signature Howard E. Calkin (M.D. or other) D.O.
Address FOREST CITY, MO. Date signed 2-2-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *J. H. Crawford*
Licensed Embalmer No. *1894*
P. O. Address *Mound City 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.