

FILED MAR 11 1947
Registration District No. 210

Primary Registration District No. 30586051

Registrar's No. 36

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Rural-St. Charles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Rt # 2
(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

3. (a) PRINT FULL NAME Harry B. Keyes

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 31, 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Went Old Orchard, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Not Known
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Sandfort
(b) Address R.R. #2, St. Charles, Mo.

17. (a) Burial (b) Date thereof Feb. 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Haedmann-Bauer
(b) Address 326 N. 6th Str., St. Charles, Mo.
19. (a) 3-4-47 (b) 3 Annie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2, St. Charles
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB 22 day 1947
year _____ hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from FEB 20, 1947
to FEB 22, 1947
that I last saw him alive on FEB 22, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death MYOCARDITIS (CHRONIC) Duration _____

Due to ASTHMA

Due to EDEMA OF THE LUNGS

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 930
Of operations _____
Of autopsy _____
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 2
23. Signature Dr. F. R. Harrington (M. D. or other) DO
Address St. Charles, Mo. Date signed 2-22-47

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

