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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 9 1947
60

Registration District No. _____

Primary Registration District No. 5235

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural--Benton Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXXX (Specify whether years, months or days)

In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar ²⁰

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Benton Township
(If rural, give location) ¹

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

If yes, name country XXXXX

3. (a) PRINT FULL NAME FELIX KEITH

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1947 hour 10 minute A.M.

4. Sex M ^O 5. Color or race W ^W

6. (a) Single, widowed, married, divorced W ²

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 8 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-28, 1947 to 3-29, 1947
that I last saw him alive on 3-28, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75 11 19 XXX hr. XXX min.

Immediate cause of death Coronary Occlusion ^{hrs}

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

Due to _____

Due to _____

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

10. Usual occupation Farming

Major findings: 94A

11. Industry or business XXXXX

Of operations _____

12. Name Perry Keith

Of autopsy _____

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

14. Maiden name Amanda Bough

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

16. (a) Informant Ray Keith
(b) Address Jerico Springs, Missouri

17. (a) Burial (b) Date thereof 3-30-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri

19. (a) 3-4-47 (b) Mrs. Velma Ellis
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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)
(c) Means of injury 0

23. Signature Wm. B. Rutter (M.D. or other) 0
Address Stockton, Mo. Date signed 3-31-47

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

RECEIVED
District Health Officer No. 71
3-17-420
District File Number 4-8-47
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.....

Licensed Embalmer No.....

P. O. Address.....

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.