S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5476

State File No. 8757

Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Tindall
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy
(c) City or town Tindall
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sherman Forest Keith
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 Married
6. (b) Name of husband or wife Ethel Keith
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June (Month) 18 (Day) 1879 (Year)
8. AGE: Years 67 Months 7 Days 19 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farm
11. Industry or business
MOTHER FATHER
12. Name John F. Keith
13. Birthplace (City, town, or county) unknown (State or foreign country)
14. Maiden name Martha Forest
15. Birthplace (City, town, or county) unknown (State or foreign country)
16. (a) Informant Ethel Keith
(b) Address Tindall Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof feb-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremati Martin Cem. Grundy Co Mo.
18. (a) Signature of funeral director Schooler funeral Home
(b) Address Spickard Mo
19. (a) 2/8/47 (Date received local registrar) (b) Irene Dorr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1947 hour 11 PM. minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Thrombosis 1 hr
Due to Was called to see
Due to patient was dead when arrived
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 E W Evans (M. D. or other)
Address Spickard Mo Date signed 2-8-47

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(Licensed Embalmer's Statement on Reverse Side)

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.