

No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14304
Registrar's No.

Registration District No. 231

Primary Registration District No. 4347

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Middletown Mo
(c) Name of hospital or institution:
3
(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 Montgomery
(c) City or town Middletown
(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 PAUL GRANT KEITHLEY
(b) If veteran, name war _____
(c) Social Security No. 497-14-3286

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 8th
year 1947 hour 10 minute P M.
21. I hereby certify that I attended the deceased 11 A.M.
10 APRIL, 1947, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married
divorced Married
(b) Name of husband or wife Mary Keithley
(c) Age of husband or wife if 51 years
7. Birth date of deceased: MAR 9 1895
(Month) (Day) (Year)

Immediate cause of death: CARBON MONOXIDE GAS
POISON
Due to FIRE IN AUTOMOBILE
Due to _____
Other conditions: None
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 1 Days _____
If less than one day _____ hr. _____ min.
9. Birthplace: Middletown Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name John Thomas Keithley
13. Birthplace Middletown Mo
(City, town, or county) (State or foreign country)

14. Maiden name MARY E APTZ
15. Birthplace Middletown Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Maury E. Keithley
(b) Address 2522 1/2 page - St. Louis 13-M
17. (a) Burial (b) Date thereof Apr 11 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Middletown Mo
18. (a) Signature of funeral director Paul H. Kubel
(b) Address Middletown Mo
19. (a) None 10-47 (b) 302 Chestnut
(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) Accident 70
(b) Date of occurrence 8 April 1947
(c) Where did injury occur? Middletown, Montgomery Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, an industrial place, in public place?
Public Road - N. South Street
While at work? No (Specify type of place) (e) Means of injury Fall
23. Signature Clement W. Summit (M.D. or other) DOS-0
Address Crown, Montgomery City, Mo Date signed 10 Apr 47

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

210

(Licensed Embalmer's Statement on Reverse Side)

~~Date Filed~~ 4-18-47

~~District File Number~~

District Health Officer No. 9

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

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

Signed C. C. Risher

Licensed Embalmer No. 3059

P. O. Address. Wellsville 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.