S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21467

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 145

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina, (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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Edina 1 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Geo. Robert Keith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Elizabeth Bowers

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

7. Birth date of deceased Oct (Month) - 27 (Day) - 1871 (Year)

8. AGE: Years 75 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Knox Co. (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business

FATHER
12. Name Geo. P. Keith
13. Birthplace uk (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Armilda Plunket
15. Birthplace uk (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mary Albertson
(b) Address Edina, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Novelty, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) June-8-47 (Date received local registrar) (b) Nelle S. Hunsett (Registrar's signature) 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th. year 1947 hour 12 N. minute M.

21. I hereby certify that I attended the deceased from June 2, 1947 to June 5, 1947 that I last saw him alive on June 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	30 min
Due to Chr. myocarditis	10 yrs
Due to hypertension	10 yrs.
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 2

23. Signature [signature] (Name or other)

Address Edina Date signed 6-7-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 12
District File Number 6-47-696
Date Filed JUN 16 1947

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.