

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUL 23 1947
Registration District No. **27**

Primary Registration District No. **5005**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **Bates**

(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Butler Memorial Hospital**
(If not in hospital or institution, write street number or location)

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

In this community **12 days**
(years, months or days)

3. (a) PRINT FULL NAME **Russell Allen Keeble**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **male** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **S. infant**

6. (b) Name of husband or wife

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

7. Birth date of deceased **July 1 1947**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	12	hr. min.

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

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **Russell Keeble**

13. Birthplace **Butler Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Eva Lena Evans**

15. Birthplace **Butler Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Russell Keeble**

(b) Address **Butler Mo.**

17. (a) Burial **(b) Date thereof** **7/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Booths**

(b) Address **Butler Missouri**

19. (a) 7-14-47 **(b) R. Keeble**
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**

(c) City or town **Butler Mo.**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12**
year **1947** hour **3** minute **30PM** M.

21. I hereby certify that I attended the deceased from **July 14 1947** to **July 12 1947**
that I last saw him alive on **July 12 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia**

Duration

Due to _____

Due to _____

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

Major findings:

Of operations **107**

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? **Y**

While at work? _____ **(Specify type of place)**

(e) Means of injury _____

23. Signature **H. D. L. Hare** **(M. D. or other)** **md**

Address **Butler Mo** **Date signed** **7-14-47**

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

RECEIVED
District Health Officer No. 7,
District File Number 6-47-862
Date Filed 7-22-42

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 John G. Anderson
Licensed Embalmer No. 3585
P. O. Address Butler Missouri

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.