

S. No. 2
OM-2-43
v. 5-1
I X3587

FILED AUG 29 1947 / 23
Registration District No. _____

Primary Registration District No. 5458
Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether _____)

In this community Leptisima
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Walnut Grove, Mo. 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country _____

3. (a) PRINT FULL NAME George T. Keeper

3. (b) If veteran, name war MIL

3. (c) Social Security No. MIL

4. Sex Male ()

5. Color or race white

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

6. (b) Name of husband or wife Florence B. Edmondson

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

7. Birth date of deceased: January 6 - 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business Grain & Stock farmer

12. Name Frank Keeper

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

14. Maiden name Chimera Burney

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

16. (a) Informant Lebridge Keeper

(b) Address Walnut Grove, Mo

17. (a) Burial (b) Date thereof Aug 6 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Opulatum Cemetery

18. (a) Signature of funeral director George A. Parn

(b) Address Walnut Grove, Mo.

19. (a) 8/6/1947 (b) W. Nelson McCreary
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1947 hour _____ minute 30 P.M.

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

Immediate cause of death: Nephritis
& obstruction
Due to Scintily

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

Major findings:
Of operations: _____

Of autopsy: _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. Nelson McCreary M.D. (M. D. or other) 8/6/47
Address Walnut Grove, Mo. Date signed 8/6/47

RECEIVED

Greene County Health Office

County File Number 49-8-75

Date Filed 8/27/47

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.....

Ray Miller, Registered Apprentice No. 459,
working under my personal supervision.

Signed Gene A. Brown

Licensed Embalmer No. 2464

P. O. Address Walnut Grove 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.