

**FILED SEP 29 1947**  
Registration District No. **380**

Primary Registration District No. **6029**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Reynolds  
 (b) City or town Rural Logan  
(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

**3. (a) PRINT FULL NAME** Marvin Keathley  
 3. (b) If veteran, name war World War 1  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife June Keathley  
 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased Dec. 2 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Reynolds Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 { 12. Name Goldsmith Keathley  
 { 13. Birthplace Reynolds Co. Mo.  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Randolph  
 { 15. Birthplace Reynolds Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruble, Mo.  
 (b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 9-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery  
Phil A. Leuckel

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Ellington, Mo.

19. (a) 9-7-47 (b) Essie Evans  
(Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Sept. day 4  
 year 1947 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 0  
0, 1947, to 0  
0, 1947;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Probably Apoplexy  
 Due to deceased had no attending physician  
 Due to physician

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration 3 hours  
**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)  
 (e) Means of injury \_\_\_\_\_

23. Signature A. J. Buggins (M. D. or other) \_\_\_\_\_  
 Address Ellington, Mo. Date signed 9-5

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

RECEIVED

District

District

Date Filed

9-25-47  
941543  
Licor No. 5.

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 9-5-47

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

Signed Phil A. Finckel

..... Licensed Embalmer No. 2936

P. O. Address VonBuren 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.