No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32261

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 307

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 5 mos. 14 dys. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 94
(c) City or town Illmo RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE WILLIAM KEESEE
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Ambie Bennett
6. (c) Age of husband or wife if alive Age Unknown years
7. Birth date of deceased August (Month) 29 (Day) 1866 (Year)

8. AGE: Years 80 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Bardwell (City, town, or county) Kentucky / (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name Thomas Keesee
13. Birthplace (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Katherine Morgan
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lightner Cem., Illmo, Mo.
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee, Missouri
19. (a) 9-9-47 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1947 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from May 1, 1946, 19, to August 9, 19 47 that I last saw him alive on August 9, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 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 0
23. Signature George R. Reeves (M. D. or other) MD
Address Farmington Mo Date signed 8-14-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 947-118-S

Filed 9-16-47

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Robert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.