

U.S. No. 2
DOM-5-43
Rev. 5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33952
State File No.

FILED NOV 6 1947
Registration District No. 107

Primary Registration District No. 4122

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Nixa
(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 most all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Nixa
(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 _____

3. (a) PRINT FULL NAME Mrs. Josie Adaline Keithley

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Anson Keithley

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 5th. 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 8 17 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name John A. Harp

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

14. Maiden name Sarah Harp

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

16. (a) Informant Mrs. Esther Avery

(b) Address Nixa, Mo.

17. (a) _____ (b) Date thereof Oct. 24, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwood cemetery

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) Oct. 24, 1947 (b) Allie Dreier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1947 hour 9 minute 30 M.

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

Immediate cause of death Cardiac Failure Duration _____

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2.

23. Signature M.J. Newell (M. D. or other) Do.

Address Nixa, Mo. Date signed 10/24/47

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

MOTHER FATHER

002

RECEIVED

District Health Officer No. 6,

District File Number 1147-1163

Date Filed NOV 1 1947

Handwritten notes:
1147-1163
NOV 1 1947
embalmed

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clemer 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.