

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 12 1947
Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 1002

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

529
622

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 38 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 801 East Lombard Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME MINNIE E. KEENE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 31, 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, year 1947 hour 8: minute 30 A. M.

21. I hereby certify that I attended the deceased from March 1947 to Nov 22 1947 that I last saw him alive on Nov 22 1947 and that death occurred on the date and hour stated above.

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>5</u>	<u>21</u>	hr. _____ min.

Immediate cause of death Coronary sclerosis with myocardial insufficiency

Due to arteriosclerosis 1 year

Hypertension 4 years

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

10. Usual occupation None

Other conditions Colloid goitre
(Include pregnancy within 3 months of death)

11. Industry or business Unemployed

12. Name Thomas W. Keene

13. Birthplace Lowden County, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Roberta Jacobs

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

16. (a) Informant Mrs. A.W. Palmer (Sister)

(b) Address Tulsa, Oklahoma

17. (a) Burial (b) Date thereof 11/24/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Fun'l Home

(b) Address Springfield, Missouri

19. (a) 11-26-47 (b) W. J. Standley M.D.
(Date received local registrar) (Registrar's signature)

Major findings: 941

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of which death should be charged statistically.

MAR 12 1948

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.....

Julian R. Goodwin

Registered Apprentice No. 473

working under my personal supervision.

Signed

Jewell E. Munde

Licensed Embalmer No. 2831

P. O. Address Springfield, 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.