. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2010

Registration District No. FILED FEB 5 1948 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 422 South I2 th. St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 53 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike 82

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

(d) Street No. 422 South I2 th. St. (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country --

3. (a) PRINT FULL NAME Charles Clarence Keeler

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Laura Belle Keeler

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

7. Birth date of deceased December (Month) 2I (Day), I860 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	0	2I	hr. min.

9. Birthplace Watertown, New York (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired, Chief Engineer

11. Industry or business Mo. Edison Co.

FATHER
12. Name George Keeler 4
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 1

MOTHER
14. Maiden name M. Moore
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. W.C. Schriber

(b) Address Louisiana, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I/I4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Haley Mortuary

(b) Address Louisiana, Mo.

19. (a) I/I3/48 (Date received local registrar) (b) Bernice Collier (Registrar's signature) 3 7 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day I2 year I948 hour I:30 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 7, 1948, 19 to Jan. 12, 1948, 19; that I last saw him alive on Jan. 11, 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Congestive Heart Failure	3 days
Acute Myocarditis	3 days
Due to Chr. Arterio-Sclerosis	?
Due to Chr. Cardiac Hypertrophy	?
Other conditions (Include pregnancy within 3 months of death): Ac. Vascular Nephritis	48 hrs.

Major findings:
Of operations
Of autopsy 7/3/48

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) 0

While at work? (e) Means of injury

23. Signature Robert L. Andrae M.D. (M.D. or other)

Address Louisiana, Mo Date signed 1/12/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2.41.221
FEB -4 1948
Date

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 George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.