

No. 2
8-43
17-39
287823

FILED MAR 4 1948

State File No. _____

Registration District No. 33

Primary Registration District No. 4044

Registrar's No. 8 (3)

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town STURGEON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL OF LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10
(c) City or town STURGEON 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES E. KEITHLEY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE () 5. Color or race WHITE

6. (a) Name of husband or wife EMMA KEITHLEY 6. (a) Single, widowed, married, divorced M

7. Birth date of deceased HEB. 11-1860 6. (c) Age of husband or wife if alive 82 years (Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation RETIRED MERCHANT

11. Industry or business _____

MOTHER FATHER

12. Name JOHN KEITHLEY

13. Birthplace KY 1 (City, town, or county) (State or foreign country)

14. Maiden name LUCY MAHAN

15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Keithley

(b) Address Sturgeon Mo.

17. (a) BURIAL (b) Date thereof JAN. 30-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTRALIA CEM.

18. (c) Signature of funeral director Barnes & Borthe

(b) address Sturgeon Mo.

19. (a) Jan 30-1948 (b) Thelma J. Lettgen (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1948 hour 10:22 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 26 1948 to Jan 28 1948 that I last saw him alive on 10:22 PM Jan 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Apoplexy Duration 2 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94R
Of autopsy _____

Duration
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 G. Russell (M.D. or other) MO
Address Sturgeon Mo. Date signed _____

29 Jan 48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/2/48

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 *C. E. Borthe*
Licensed Embalmer No. *4087*
P. O. Address *Sturgeon - 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.

Registration District No. 23

Primary Registration District No. 4044

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Southern
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Charles E. Keithley
3. (b) If veteran, name war _____ 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 Emma 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased set 11 (Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days _____ (if less than one day) hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Specify type of place)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 Floor _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____
Due to _____
Other conditions _____ (include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

3954