S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 17 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. S142

State File No. 4119

Registrar's No. 54

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Neelyville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Neely Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Glorie Jean McKeys
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fem. 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single 1
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. 24, 1947 (Month) (Day) (Year)

8. AGE: Years — Months: 2 — Days: 15 — If less than one day: hr. min.

9. Birthplace: Neelyville, Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Baby.
11. Industry or business:
FATHER
12. Name: Falley McKeys
13. Birthplace: Stone Wall, Ark. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Verin Palmer
15. Birthplace: St. Louis, Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Falley McKeys
(b) Address: Neelyville, Mo
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bunker – Butler Co., Mo
18. (a) Signature of funeral director: Frank Cotrell
(b) Address: Poplar Bluff, Mo
19. (a) 2-12-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 9 year: 1948 hour: 1:30 minute: A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	8 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 108
Of autopsy:

PHYSICIAN — Underline the cause of 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:
23. Signature: Grover W. Green Coroner (M. D. or other)
Address: Poplar Bluff Mo. Date signed: 2/11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 348-227
Date Filed 2-16-49

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 Not Embalmed Yours W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.