

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7847
Registrar's No. 27

FILED MAR 17 1948

Registration District No. 34 Primary Registration District No. 5117

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
5 miles east of Ashland, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Sarah Elizebeth Keeling

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Benjamin Keeling

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased 5 (Month) 9 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>9</u>	<u>16</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Dave Hughes

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

14. Maiden name Carlton Pulliam

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

16. (a) Informant Mrs. I. McIntyre

(b) Address Guthrie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/1948
(Month) (Day) (Year)

(c) Place: burial or cremation Dryfork Cemetary

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield, Missouri

19. (a) 2-26-48 (Date received local registrar)

(b) Mrs. Mildred Burnett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 4 miles south Boydsville, Mo.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1948 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 23, 1948, to Feb 23, 1948,
that I last saw her alive on Feb 23, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy 97

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 E. nes Risk (M. D. or other)

Address New Bloomfield Mo Date signed 2/26

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

10
00

RECEIVED

District Health Officer No. 9^o

District File Number

Date Filed

3/6/48

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, ~~by~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ray A. Holt

Licensed Embalmer No.....

2605

P. O. Address.....

New Bloomfield 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.