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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1948

Registration District No. 389

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5163

State File No. 11727

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Tebbetts Mo.
(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 Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Tebbetts 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALFRED AMOS KEELY

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Opal

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

7. Birth date of deceased Dec. 31, 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	2	13	hr. min.

9. Birthplace Stratton Colo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Section foreman

11. Industry or business

FATHER
12. Name J. J. Keely
13. Birthplace Kams Prairie Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Effie Hensley
15. Birthplace Chamoise Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opal Keely
(b) Address Tebbetts Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16-48
(Month) (Day) (Year)
(c) Place: burial or cremation Mokane, Mo.

18. (a) Signature of funeral director Glen U. Maupin
(b) Address 712 Court St. Fulton Mo.

19. (a) Mar-23-48 (Date received local registrar) (b) LeRoy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1948 hour 3 minute 20 A M.

21. I hereby certify that I attended the deceased from May, 1948 to May 14, 1948
that I last saw him alive on May 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary insufficiency	6-8 mos
Due to Arteriosclerosis	
Due to Chr. Nephritis	2 yrs
Other conditions (Include pregnancy within 3 months of death) Upper respiratory infection	1 wk

Major findings:
Of operations
Of autopsy

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)

While at work? (e) Means of injury

23. Signature Hen Praiser (M. D. or other)
Address 626 Jefferson Date signed 3-15-48

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1948

APR 22 1948

SEP 30 1948

RECEIVED
District Health Officer No. 9,
District File Number APR 21 1948
Date Filed

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 J. J. Rosson

Licensed Embalmer No. 7555

P. O. Address Fulton 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.