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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19787

Registration District No. 150 — Primary Registration District No. 4241 — Registrar's No. 116

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Oak Grove, Missouri (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 years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Oak Grove, Mo. (If outside city or town limits, write "RURAL") 48
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME MARY F. KEEBLE

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

4. Sex female
5. Color or race white
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July (Month) 17 (Day) 1859 (Year)

8. AGE: Years 88 | Months 10 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace Lincoln Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Rt housewife
11. Industry or business —

FATHER
12. Name John F. Wilson
13. Birthplace (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lasly
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Anna Messick
(b) Address Oak Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Mo.
18. (a) Signature of funeral director Mrs G B Webb, Son
(b) Address Oak Grove, Mo.
19. (a) June 14, 1948 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1, 1938, to June 11, 1948; that I last saw her alive on June 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis sub-acute	6 wks
Due to High blood pressure	10 yrs
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations none	30
Of autopsy none	

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 [illegible] M.D. (M. D. or other)
Address Oak Grove Mo. Date signed 6-12-48

(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth Boyer, Registered Apprentice No. 63, working under my personal supervision.

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs M

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.