S. No. 2
I—1/47
5-17-39

9
2
5

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26787

FILED SEP 8 1948

Registration District No. 1356 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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 all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 528 N. Pearl 5
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLIE F. KEITH
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F. Male
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ROBERT E. KEITH SR
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 23 - 1882. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	3	5	hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation NONE
11. Industry or business
FATHER 12. Name NO RECORD
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name NO RECORD
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)
16. (a) Informant MRS. ROBERA SOVEREIGN
(b) Address 519 N. SERGEANT, JOPLIN
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope
18. (a) Signature of funeral director Hurlbut-Glover
(b) Address Joplin Missouri
19. (a) 8-30-48 (Date received by local registrar) (b) Elbert Jamison (Registrar's signature)
by Delmar Hampton

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27 year 1948 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from Nov. 1927, 19..., to August 27, 1948 that I last saw her alive on August 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastro-intestinal hem-orrhage	
Due to Cancer of liver	
Due to Cancer of stomach	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations C.A. Jostin M.D. May 1947
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 Mary L. Mack M.D. (M. D. or other)
Address Joplin Mo. Date signed 8-30-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

138-0

48-8-751

JAN 14 1949

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.