FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27262

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 241

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia, Rural #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3 Miles W. of Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles W. of Sedalia 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM F. KEITH
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eula J.
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased October 1, 1878 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Sturgeon (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Produce Dealer
11. Industry or business

FATHER
12. Name J.F. Keith
13. Birthplace Chilicothe (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dora Turner
15. Birthplace Sturgeon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Eula J. Keith
(b) Address Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director DW Hechart
(b) Address Sedalia, Mo.
19. (a) 8-10-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1948 hour 3.30 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Over five years. 19..., to August 7th, 1948. that I last saw him alive on August 1st, 1948. 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism.	Few minutes.
Due to Chronic Myocarditis.	Over 5 yrs.
Due to	
Other conditions Arteriosclerosis. (Include pregnancy within 3 months of death)	5 yrs.

Major findings: Of operations None.
Of autopsy None.

9327

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) None.
(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 Jno. B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo. Date signed Aug 9 1948

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-17-48

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

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.