

No. 2
12-45
17-39
K47070

FILED NOV 27 1948

Registration District No. 380

Primary Registration District No. 3076

Registrar's No. 150

1. PLACE OF DEATH:

(a) County VERNON
(b) City or town NEVADA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NEVADA CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)
In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Vernon
(c) City or town Mill
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country MO

3. (a) PRINT FULL NAME CHILES L. KEITHLEY

3. (b) If veteran, name war no. 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: Aug 23 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor M.D.

11. Industry or business _____

12. Name Robert S. Keithley

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

14. Maiden name Celine Howell

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

16. (a) Informant Mrs. J.C. Hoare

(b) Address Honolulu, Ark

17. (a) Burial (b) Date thereof: Nov. 16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mill, Mo.

18. (a) Signature of funeral director Gerold Beeny

(b) Address Sheldon Mo.

19. (a) 11-15-48 (b) Waltham Quincy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 7 1948 to Nov 12 1948
that I last saw him alive on Nov 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary thrombosis
Recurrent
Due to Arterio Sclerosis

Due to _____
Other conditions None
(Includes pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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 Rolland Gray (M. D. or other) _____
Address Mill, Mo.

Duration Oct 3, 1948
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

11-13-48

RECEIVED

District Health Officer No. 7;

District File Number 10-48-1247

Date Filed 11-23-48

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 L. Gerald Beeny
Licensed Embalmer No. 4203
P. O. Address Sheldon 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.