S. No. 300
v. 10.48

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

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31291

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5918 Registrar's No. 60

79 0 0

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farrar Mo.
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farrar Mo.
d. STREET ADDRESS (If rural, give location): /

79 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Herman
c. (Last): Keen

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 3 1901
9. AGE (In years last birthday): 47 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Clerk in Mercantile Store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elk River Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John D. Keen
13b. MOTHER'S MAIDEN NAME: Magdalene Ehrenberg
14. NAME OF HUSBAND OR WIFE: Frances Keen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma of Small Intestine — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

153X

19a. DATE OF OPERATION: May 1949
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction, partial
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 9, 1945, *to* Sept 11th, 1949, *that I last saw the deceased alive on* Sept 9th, 1949, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Theodore Fischer (Degree or title): M.D.
23b. ADDRESS: Altenburg, Mo.
23c. DATE SIGNED: 9/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 14 1949
24c. NAME OF CEMETERY OR CREMATORY: Lutheran Cem.
24d. LOCATION (City, town, or county) (State): Farrar Mo.

DATE REC'D BY LOCAL REG.: Sept 13-1949
REGISTRAR'S SIGNATURE: Joe J. Zoellner
25. FUNERAL DIRECTOR'S SIGNATURE: Young & Sons Perryville Mo
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-4-49

Officer No. 4

1049-13

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Pennsville Ohio

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.