

FILED NOV 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 34313

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 2667 Registrar's No. 43

59

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bedford Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bedford Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Alfred</b>	b. (Middle)	c. (Last) <b>Keene</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 31 1949.</b>
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5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 18, 1885</b>	9. AGE (In years last birthday) <b>64</b>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 24 HRS. Hours	10. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Labor</b>	11. BIRTHPLACE (State or foreign country) <b>Stroy, Miss. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Alfred Keene</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Keene Norton</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Viola Hammonds Troy, Missouri</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>myocarditis (chronic)</b>		
	DUE TO (b)  DUE TO (c) <b>none</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			<b>33K</b>

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bedford Lincoln Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>no injury</b>
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22. I hereby certify that I attended the deceased from **June, 1948**, to **Oct 31, 1949**, that I last saw the deceased alive on **Oct 27, 1949**, and that death occurred at **12:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. S. Harris M.D.</b>	23b. ADDRESS <b>Troy, Mo</b>	23c. DATE SIGNED <b>Nov. 2, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 2, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Troy, Missouri</b>	24d. LOCATION (City, town, or county) (State) <b>Troy, Missouri</b>
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DATE REC'D BY LOCAL REG <b>Nov 5-1949</b>	REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kemper Funeral Home</b>	ADDRESS <b>Troy, Missouri.</b>
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District File Number

District Health Officer No. 9

RECEIVED NOV 5 1949

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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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.