

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34748**

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4435** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri	c. LENGTH OF STAY (in this place) 7 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION /		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) s. (First) Mary	b. (Middle) A.	c. (Last) Keith	4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1949
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 23, 1902	9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months 7 Days 3 IF UNDER 12 HRS. Hours / Min. /
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Monroe City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Smith	13b. MOTHER'S MAIDEN NAME Quindora Buffington	14. NAME OF HUSBAND OR WIFE Russell Keith
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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) No.	16. SOCIAL SECURITY NO. /	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth R. Keith, Perry, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Cancer		
	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. uremia		180X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 20, 1949**, to **Oct 25, 1949**, that I last saw the deceased alive on **Oct. 25, 1949**, and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. T. Swan (Degree or title)	23b. ADDRESS Perry, Missouri	23c. DATE SIGNED 10-26-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-28-49	24c. NAME OF CEMETERY OR CREMATORY Stoutsville Cemetery, Stoutsville, Missouri	24d. LOCATION (City, town, or county) (State) Stoutsville, Missouri
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DATE REC'D BY LOCAL REG. 10-27-49	REGISTRAR'S SIGNATURE Clyde E. Wilkey	25. FUNERAL DIRECTOR'S SIGNATURE Clyde E. Wilkey, Perry, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 28 1949
District Health Officer No. 10
District File Number 10-49-182
Date Filed OCT 28 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clyde W. Wiers
Licensed Embalmer No. 3820

P. O. Address Perry, 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.