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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 6 1943

Registration District No. 99

Primary Registration District No. 4170

Registrar's No. 148

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Union Star, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 32

(c) City or town Union Star Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME WILLIAM J. KEYES

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Alice E. Keyes 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 17, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 4 8 hr. min.

9. Birthplace Warsaw Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Hugh Keyes

13. Birthplace Alexandria Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant G. B. Keyes

(b) Address Union Star Mo.

17. (a) Burial (b) Date thereof Sept 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.

19. (a) 10-4-43 (b) Embrey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1943 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 23, 1943 to Sept 25, 1943 that I last saw him alive on Sept 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 day

Due to.....

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... 83a!

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 E. M. Reynolds (M. D. or other).....

Address Union Star Mo Date signed 9-25-43

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

MOTHER FATHER

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..... *Lucile M. Wilson*.....
Licensed Embalmer No..... *2830*.....
P.O. Address..... *King City, 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.