

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED NOV 21 1945

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State File No. _____
Registrar's No. 1127

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Bryan

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

(c) Name of hospital or institution: Mercy Hosp - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours
(Specify whether years, months or days)

In this community 24 hours

3. (a) PRINT FULL NAME Luella Margaret Keyes

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race cau.

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife James H. Keyes

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July 11 - 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>3</u>	<u>7</u>	hr. min.

9. Birthplace Keokuk Mo RR (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework

11. Industry or business Same

12. Name Elias J. French

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

14. Maiden name Mary Blal

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

16. (a) Informant James H. Keyes

(b) Address Union Star Mo

17. (a) Removed (Burial, cremation, or removal)

(b) Date thereof 10-18-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo

18. (a) Signature of funeral director R. H. Tapscott

(b) Address King City Mo

19. (a) 10-23-45 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County W. Kalb-33

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

(d) Street No. R.R. # 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1945 hour 2 minute 33 P.M.

21. I hereby certify that I attended the deceased from Sept. 10
1945, to Oct. 18 1945
that I last saw her alive on October 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Fibillation Duration 10 MIN

Due to Shock resulting from 2 hrs.

Due to Pregnancy Complicating
Advanced Carcinoma of the Liver?

Other conditions Pregnancy
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations 464

Of autopsy Advanced Carcinoma of Liver

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 Wm. H. Coakley (M.D. or other) D.O.

Address Union Star, Mo Date signed 10/18/45

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

MOTHER FATHER

1427

