U. S. No. 2
OM—1/47
v. 5-17-39

PEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19813

Registration District No. 057 — Primary Registration District No. 3028 — Registrar's No. 141

1. PLACE OF DEATH:

(a) County: Jasper

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

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

(d) Length of stay: In hospital or institution: 5 Days (Specify whether years, months or days)

In this community: 67 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: "Rural" Reeds
(If outside city or town limits, write "RURAL")

(d) Street No.: Route #1
(If rural, give location)

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

If yes, name country: None

3. (a) PRINT FULL NAME: William Leonard KEELING

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Matilda Keeling

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

7. Birth date of deceased: November 24, 1860 (Month) (Day) (Year)

8. AGE: Years 87 | Months 6 | Days 14 | If less than one day: hr. min.

9. Birthplace: St. Joe, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation: Ret. Carpenter

11. Industry or business: None

FATHER
12. Name: Camel Keeling
13. Birthplace: Unknown Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Jutt
15. Birthplace: Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Blanch Agee
(b) Address: Hutchison, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.

19. (a) 6-10-1948 (Date received local registrar) (b) L. B. Clements M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th. year 1948 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from June 2, 1948, to June 6, 1948; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration

Due to: Effect of Cold & Flu

Due to:

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

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (Specify) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed: 6-10-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-507

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.