

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21460
Do not use this space.

1. PLACE OF DEATH

(a) County Berry Registration District No. 31
(b) Township Wharton Primary Registration District No. 504204 Registered No. 19
(c) City..... (d) Street No. Route 2, Purdy, Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

H. B. P. H. Harriet Angie Keeling
(a) Residence, No. Berry County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel A. Keeling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 | 10 | 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co. Missouri

FATHER
13. NAME R. C. Overton 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER
15. MAIDEN NAME Amanda Pace 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Samuel A. Keeling Purdy, Mo. R#2

18. BURIAL, CREMATION, OR REMOVAL PLACE Oka Union DATE June 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home Cassville, Mo.

20. FILED June 4, 1939 Donald Blankenship 325 (Address) Wharton, Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to May 31, 1939.
I last saw her alive on May 30, 1939. Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 7-2-39

Other contributory causes of importance:

Hypertension Jan 39

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) John R. Ellison M. D. 53
Wharton, Mo.

Alison

RECEIVED
DISTRICT HEALTH OFFICER
NO. 6

RECEIVED

District Health Officer No. 6,

District File No. 739-1327

Date Filed JUL 5 1939

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, _____

Eugene Wood

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address Cassville, 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, above space should be left blank.