

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED MAR 4 1947

Registration District No. 11

Primary Registration District No. 5045

Registrar's No. 0213379

WRITE PLAINLY--USE UNFADING BLACKINK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:  
3 mi. E. of Wheaton  
(If not in hospital or institution, write street number or location)

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

In this community Most of Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 3 mi. E. of Wheaton  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Alexander KEELING

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 W

6. (b) Name of husband or wife Angie Keeling

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

7. Birth date of deceased February 10, 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>0</u>	<u>4</u>	<u>---</u> hr. <u>---</u> min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name George Keeling

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

14. Maiden name Unknown

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

16. (a) Informant B. M. Keeling

(b) Address RFD, Purdy, Mo.

17. (a) Burial (b) Date thereof Feb. 18, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okla. Union Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Mo.

19. (a) Feb. 24 - 1947 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th.  
year 1947 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 11, 1947, to Feb. 14, 1947, that I last saw him alive on Feb. 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1090

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 O. S. McCall (M. D. or other) \_\_\_\_\_  
Address Wheaton Mo. Date signed 2-18-47

RECEIVED

District Health Officer No. 6,

District File Number 347-274

Date Filed MAR 3 1947

---

---

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Cresville, 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.**