

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35201**

Registration District No. **266**

Primary Registration District No. **5378**

Registrar's No. **71**

1. PLACE OF DEATH:  
 (a) County **DENT**  
 (b) City or town **RURAL-Waltham**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **20** (Specify whether  
 In this community **70 YEARS**  
 years, months or days)

3. (a) PRINT FULL NAME **MARY ADELINE KEATON**  
 3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **WIDOWED**  
 6. (b) Name of husband or wife **JAMES KEATON** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **JANUARY 30 1861**  
 (Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **UNKNOWN ILLINOIS**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business \_\_\_\_\_  
 12. Name **THOMAS J. ALLISON**  
 13. Birthplace **UNKNOWN IND**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **AMELIA CRIDER**  
 15. Birthplace **UNKNOWN IOWA**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary Keaton**  
 (b) Address **HAUTT MO**

17. (a) **BURIAL** (b) Date thereof **OCT 2 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HAUTT MO**  
 18. (a) Signature of funeral director **Rolla Clark**  
 (b) Address **Rolla MO**

19. (a) **Oct 2 1940** (b) **F. E. Smith M.D.**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (d) State **MISSOURI** (b) County **DENT**  
 (c) City or town **RURAL**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **DENT COUNTY-Waltham**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **1<sup>st</sup>**  
 year **1940** hour **SEVEN** minute **A** M.

21. I hereby certify that I attended the deceased from **September 15**, 19**40** to **October 1**, 19**40**  
 that I last saw her alive on **September 15**, 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis** Duration **6 months**

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

Due to **72**

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? \_\_\_\_\_

**240** (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

28. Signature **F. E. Smith M.D.** (M. D. or other) **1940**

Address **Salem Missouri** Date signed **10-2-40**

RECEIVED

District Health Officer No. 5,

District File Number 11401138

Date Filed \_\_\_\_\_

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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 Wm J. Lisklider

Licensed Embalmer No. 3191

P. O. Address St James, 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.