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7-39
X26390

Registration District No. 1942 9

Primary Registration District No. 1002

Registrar's No. 728

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town J.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3012 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Jackson (b) County 48
(c) City or town Manassas City (If outside city or town limits, write "RURAL") 5
(d) Street No. 3012 Chestnut (If rural, give location) 8
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Dylvester J. Keith

3. (b) If veteran, name war no 3. (c) Social Security No. non

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary A 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 5 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 14 15 hr. _____ min. If less than one day

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

10. Usual occupation Retired

11. Industry or business Union Sta Gateman

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mary A Keith

(b) Address 3012 Chestnut

17. (a) Burial (b) Date thereof 2-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director W. H. Blackman

(b) Address 2578 Sibley Blvd

19. (a) 2/21/42 (b) M M Craze
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1942 hour 10:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 1 1938 to Feb. 20 1942 that I last saw him alive on Feb. 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis (Chronic) 5 years
Due to Arteriosclerosis myocardial degeneration
Due to (Old myocardial infarct) 3 years
Other conditions 50
(Include pregnancy within 3 months of death)

Duration
5 years

3 years

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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 John F. Caldwell (M. D. or other) MD
Address 626 Argyle Manassas City Date signed 2/20/42

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

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 *H. O. Blackman*
Licensed Embalmer No. 3639
P. O. Address *H. C. 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.