

S. No. 2  
M-5-42  
7. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28870  
State File No. ....  
8161  
Registrar's No. ....

FILED OCT 14 1942 318  
Registration District No. ....

Primary Registration District No. .... 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 1 mo.  
In this community... 1 mo  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Tennessee (b) County.....  
(c) City or town..... Kenton  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 2

3. (a) PRINT FULL NAME Dennis Jefferson Keathley

3. (b) If veteran, name war... No 3. (c) Social Security No... None

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

6. (b) Name of husband or wife... Bettie 6. (c) Age of husband or wife if alive... 68 years

7. Birth date of deceased... July 30, 187k  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 2 1 hr. .... min.

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

10. Usual occupation... Farmer

11. Industry or business... Retired

MOTHER FATHER { 12. Name... Marshall Keathley

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

14. Maiden name... Mary Wilson

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

16. (a) Informant... Bettie Keathley

(b) Address... Kenton, Tenn.

17. (a) Removal (b) Date thereof... 10/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Kenton, Tenn.

18. (a) Signature of funeral director... R. N. McLaughlin

(b) Address... 2301 Lafayette Ave

19. (a) OCT 2 1942 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1  
year 1942 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-30-42  
..... 19..... to 10-1..... 1942

that I last saw him alive on 10-1..... 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary thrombosis

Due to.....

Due to.....

Other conditions... 5!  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations... none

Of autopsy... none

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... 0

23. Signature... P. B. Cappel (M. D. or other) SMD

Address... 3284 Industrial Date signed 10-2-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 L. R. Cooper  
Licensed Embalmer No. 3633  
P. O. Address 2317 Lafayette

**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.**