V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 24208

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Lucy Lee Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hosp. 7 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Dexter 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME William Cornelius Keaton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 0 male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amita Keaton

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. 26, 1870 (Month) (Day) (Year)

8. AGE: Years 73 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Trexevant (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Cornelius L. Keaton
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Sally Fequa
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mrs. Amita Keaton,
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 7-25-44 (Date received local registrar) (b) Belle Finne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1944 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 15, 1944, to July 21, 1944 that I last saw her alive on July 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia	4 da
Due to Myocardial failure	6 mo
Due to generalized arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Kneibert (M. D. or other)

Address Poplar Bluff Mo Date signed

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 844-1022
Date Filed 8-3-44

FEB 5 1957

JUN 2 1953

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

Signed [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.