

S. No. 2
M-2-43
5-17-39
1-X35897

STANDARD CERTIFICATE OF DEATH

State File No. **30389**

FILED OCT 4 1945

Registration District No. _____

Primary Registration District No. **3016**

Registrar's No. **213**

1. PLACE OF DEATH:

(a) County: **Cole**
(b) City or town: **Dixon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **In ambulance on way to hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community: **Several minutes**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Pulaski**
(c) City or town: **Dixon**
(If outside city or town limits, write "RURAL")
(d) Street No.: **Stickney Star Route**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: **Bobby Dean Keaton**

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

4. Sex: **Male** 5. Color: **White** 6. (a) Single, widowed, married, divorced: **Single**

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

7. Birth date of deceased: **July 29 1939**
(Month) (Day) (Year)

8. AGE: Years **6** Months **1** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace: **Dixon Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Student**

11. Industry or business _____

12. Name: **Walter Monroe Keaton**

13. Birthplace: **Dixon Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Lora Britton**

15. Birthplace: **Dixon Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. W. M. Keaton**

(b) Address: **Stickney Star Route Dixon Mo**

17. (a) **Removal** (b) Date thereof: **Sept 28 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Dixon Mo.**

18. (a) Signature of funeral director: **James Lewis**

(b) Address: **702 Jefferson**

19. (a) **9-24-45** (b) **R. P. Harris Mo.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **22**
year **1945** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from **Dead when viewed**
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of skull Internal injuries to chest fractured ribs, shock.**
Due to: **Auto accident or wreck, collision with army truck.**
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: **none 7 Dec 28**

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): **Accident 85**

(b) Date of occurrence: **9-22-45**

(c) Where did injury occur?: **Dixon Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
route near 28 near Dixon
While at work? **in car** (Specify type of place) (e) Means of injury: **car wreck**

23. Signature: **J. H. Reslie** (M. D. or other) **Coroner**
Address: **Jaff City Mo.** Date signed: **9-22-45**

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

26
5
7

1431

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-1-45

NOV 28 1945 AON

DEC 1 1945

OCT - 8 1945

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 [Signature]

Licensed Embalmer No. 36411

P. O. Address [Signature]

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.