

No. 2  
8-43  
1-17-39  
X37823

FILED FEB 13 1947

State File No. ....

Registration District No. 302

Primary Registration District No. 6234

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Warren

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: life (Specify whether years, months or days)

In this community: life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Wesley Keith

3. (b) If veteran, name war: .....

3. (c) Social Security No. 491-24-4551

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nanny Belle Yelton

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: Nov. 27, 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Metal Fabrication

MOTHER FATHER {

12. Name George Keith

13. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emmaretta Hardwick

15. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Keith

(b) Address Wellsville Missouri

17. (a) Burial (b) Date thereof 2-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Mo.

18. (a) Signature of funeral director Kuhne Funeral Home

(b) Address Wellsville, Mo.

19. (a) 2-12-47 (b) Mrs. Bud Morsey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Warrenton (Rural) 50  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) 0

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

If yes, name country: .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10  
year 1947 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,

and that death occurred on the date and hour stated above.

Immediate cause of death fracturing of spine and multiple other fractures Duration

Due to being struck by hand while crossing

Due to P.P. track in Cab (Collision)

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 17008

Of autopsy: 1723

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) accident 109

(b) Date of occurrence Feb. 10

(c) Where did injury occur? Truesdale Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Rail road crossing

While at work? yes (e) Means of injury Collision

23. Signature Dr. H. G. Gunge (M.D. or other) Coroner

Address Warrenton Mo Date signed Feb 12

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

375

APR 29 1947

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 2-18-47

MAR 3 1947

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..... *C. B. Pease* .....

Licensed Embalmer No. *3059*

P. O. Address *Willsville 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.