

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37957

State File No. \_\_\_\_\_

FILED NOV 18 1947

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90

(c) City or town Rural  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 6 miles west of Annapolis  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Keathley

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1  
year 1947 hour 5 minute 00 A. M.

4. Sex male 0

5. Color or race white 0

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

6. (b) Name of husband or wife \_\_\_\_\_

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

21. I hereby certify that I attended the deceased from 10-30-47, 1947, to 11-1-47, 1947;

that I last saw him alive on 11-1-47, 1947;

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

7. Birth date of deceased Sept. 12 1875  
(Month) (Day) (Year)

|               |          |           |                      |
|---------------|----------|-----------|----------------------|
| 8. AGE: Years | Months   | Days      | If less than one day |
| <u>72</u>     | <u>1</u> | <u>19</u> | _____ hr. _____ min. |

Immediate cause of death  
Acute Bilateral Bronchial pneumonia 2 days

9. Birthplace Reynolds Co. Mo. 0  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation farmer

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

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Wallace Keathley

13. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Jackson

15. Birthplace Iron Co. Missouri 0  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 101

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ferguson Keathley

(b) Address 1825a S. 18th. St. St. Louis

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? \_\_\_\_\_

17. (a) burial (b) Date thereof 11-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Co. Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address W. White Ironton Mo.

23. Signature R. E. Harland 0  
(Specify type of place) (City or town) (County) (State)

While at work \_\_\_\_\_ (b) Means of injury auto

23. Signature R. E. Harland (M., D. or other)

Address Ironton, Mo. Date signed 11-3-47

19. (a) 11-10-47 (b) W. Jones 29  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 4

File Number 1147-1446

Date filed 11-17-47

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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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Winton Hill

**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.**