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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 1 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32036
Primary Registration District No. 1000
Registrar's No. 1111

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Me. Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County San Francisco 999
(c) City or town San Francisco ~~Cal~~ 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1805 pine 2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roy Ray Deaton
3. (b) If veteran, name war —
3. (c) Social Security No. 490-09-7028

4. Sex m 0
5. Color or race W
6. (a) Single, widowed, married, divorced m 1
6. (b) Name of husband or wife Nadine Deaton
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased April (Month) 9 (Day) - 1916 (Year)

8. AGE: Years 32 Months 6 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Rosendale (City, town, or county) mo 0 (State or foreign country)
10. Usual occupation Division of Archetect
11. Industry or business Dep. public works
FATHER
12. Name Walter Deaton 0
13. Birthplace Rosendale (City, town, or county) mo (State or foreign country)
MOTHER
14. Maiden name Fannie Brazill
15. Birthplace Andrewco (City, town, or county) mo 0 (State or foreign country)
16. (a) Informant mrs. Nadine Deaton
(b) Address 1805 pine St San Fransisco
17. (a) California Burial (Burial, cremation, or removal) (b) Date thereof 10-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah mo
19. (a) Oct. 23, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 582

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1948 hour 3 minute 45 A M.
21. I hereby certify that I attended the deceased from Oct 22, 1948, to Oct 22, 1948
that I last saw him alive on Oct 22, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 hrs
Due to Hypertension (Essential)	5-6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0 20
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature Gilbert B. Kelley (M. D. or other) MD
Address Savannah, Mo. Date signed 10-22-48

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

NOV 4 1948

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sacramoh ms

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.