

No. 2  
1-10-39  
-17-39  
X21492

Registration District No. **708**

Primary Registration District No. **5937d**

Registrar's No. **10**

**I. PLACE OF DEATH:**

(a) County **Polk**  
(b) City or town **London (South Green)**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20**  
(Specify whether  
In this community **75 yrs.**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Polk**  
(c) City or town **London**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Martha Ellen Keith**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Robert F. Keith** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Jan 30, 1865**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **17** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **House Keeper**

11. Industry or business **House Work**

12. Name **Henry Steadler**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Faggsdale**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. H. Keith**

(b) Address **London, Mo.**

17. (a) **Burial** (b) Date thereof **Sept 18, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Polk Cemetery**

18. (a) Signature of funeral director **White & Eakin**

(b) Address **Balvan, Mo.**

19. (a) **Sept 21** (b) **Mae Zumwalt**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **18** day **Sept**  
year **1940** hour **2:30** minute **10** A. M.

21. I hereby certify that I attended the deceased from **Sept 10**  
19**40** to **Sept 17** 19**40**  
that I last saw **her** alive on **Sept 15** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute heart failure** Duration **Sept 10**

Due to **Chronic myocarditis**

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

Other conditions **Chorea** **Sept 10**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **gsc**

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

**636**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Doyle C. McBraw** (M. D. or other) \_\_\_\_\_  
Address **Balvan, Mo.** Date signed \_\_\_\_\_

Duration  
Sept 10  
Physician  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number

10-40-1474

Date Filed

10-10-40

**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

*Frank Grable Jr.*

Licensed Embalmer No.

4148

P. O. Address

*Bolivar, Md*

**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, above space should be left blank.