

Registration District No. **744** Primary Registration District No. **3035**

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

1. PLACE OF DEATH: **Richmond Mo. Ray Co.**
(a) County
(b) City or town **Richmond Mo.**
(c) Name of hospital or institution: **none /**
(d) Length of stay: **All Her Life**
In this community **All Her Life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Ray 89**
(c) City or town **Richmond Mo.**
(d) Street No. **South Institute St.**
(e) If foreign born, how long in U. S. A. **U.S.A.** years.

3. (a) PRINT FULL NAME **Ada L. Keel**
(b) If veteran, name war
(c) Social Security No. **none**

20. DATE OF DEATH: Month **January** day **23**
year **1941** hour **6** minute **30 A.M.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
(b) Name of husband or wife **Marshall M. Keel**
(c) Age of husband or wife if alive **years**
7. Birth date of deceased **November 13 th 1870**

21. I hereby certify that I attended the deceased from **Oct 1 - 1941**
that I last saw her alive on **Jan 23, 1941**
and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **2** Days **10**
If less than one day hr. min.

Immediate cause of death **Heart**
Duration **2 year**
Due to **Chronic Myocarditis**
Other conditions **(Include pregnancy within 3 months of death)**

9. Birthplace **Ray Co. Mo.**
10. Usual occupation **House Keeper**

Major findings: **Chronic Myocarditis**
Of operations
Of autopsy

11. Industry or business
12. Name **John C. Leforgee**
13. Birthplace **Ken.**
14. Maiden name **Emma Money**
15. Birthplace **Kentucky**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Howard H. Keel**
(b) Address **Richmond Mo.**
17. (a) **Burial** (b) Date thereof **1-25-41**
(c) Place: burial or cremation **Richmond Cem**
18. (a) Signature of funeral director **J.P. Brothers**
(b) Address **Richmond Mo.**
19. (a) **Jan 23-41** (b) **Malcol Jackson**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature **D.E.G. Kenner**
Address **Richmond, Mo** Date signed **Jan 23-41**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-13-41

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed: *J.B. Brothers*

.....
Licensed Embalmer No. 3001

P. O. Address Richmond 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.