

FILED MAY 25 1943

Registration District No. 277

Primary Registration District No. 5-950

Registrar's No. 16

1. PLACE OF DEATH
 (a) County Pike
 (b) City or town New Hartford
 (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 _____
 In this community nearly all of her life Specify whether years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pike 82
 (c) City or town New Hartford Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MIRIAM KEITH
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 28
 year 1943 hour 10 minute _____ P.M.
 21. I hereby certify that I attended the deceased from June 1935
1935 to March 28, 1943;
 that I last saw her alive on March 27, 1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Deceased
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 5 1856
 (Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

8. AGE: Years 87 Months 2 Days 23
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Ashley Mo
 (City, town or county) (State or foreign country)

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

10. Usual occupation _____

Major findings: none

11. Industry or business _____

Of operations none
 Of autopsy none

12. Name Waverport Rally
 13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Mary Ayers
 15. Birthplace Louisiana Mo (City, town, or county) (State or foreign country)

16. (a) Informant Marvin Hallee
 (b) Address New Hartford Mo

17. (a) Burial (b) Date thereof Mar 21st 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hartford

18. (a) Signature of funeral director Goach Hardware Co
 (b) Address Galva Mo

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?
 While at work _____ (Specify type of place) (e) Means of injury _____

19. (a) Mar 29 1943 (b) B. M. Goach
 (Date received for registration) (Registrar's signature)

23. Signature Lugene L. Dorman (M. D. or other)
 Address Lawley Green Mo Date signed 3/29/43

Mary 1st 43 more Frank
114 (Licensed Embalmer's Statement on Reverse Side)

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

2000

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No 10

District File Number 5-43-914

Date Filed MAY 21 1943

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 *Norman E. Goch*

Licensed Embalmer No. *R342*

P. O. Address *Eolia 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.