

FILED NOV 8 1944

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Butler  
(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 1 (Specify whether

In this community 1 years, months or days)

3. (a) PRINT FULL NAME Lucindia Emma Keeler

3. (b) If veteran, name war - 3. (c) Social Security No. 2

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased April 15 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Butler Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name John Logan Herrell

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

14. Maiden name Unknown

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

16. (a) Informant Richard Keeler

(b) Address Butler Mo

17. (a) Burial (b) Date thereof Oct 10 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver

(b) Address Butler Mo

19. (a) Oct. 9, 1944 (b) Pauline Reymont  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7  
(c) City or town Butler 1  
(If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8  
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from May 1943 to Oct 8 1944

that I last saw her alive on Oct 7 1944, 1944

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

Immediate cause of death myocarditis

Due to

Due to 93 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

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

23. Signature Ed L. L. L. (M. D. or other) Dr.

Address Butler, Mo Date signed 10-9-44

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

MOTHER FATHER

Date Filed

10-11-28

11-6-28

**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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler, 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.