S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38399

State File No.

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 54

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid 72
(If outside city or town limits, write "RURAL")

(d) Street No. 4
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Naomi Keeler

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louis Edward Keeler

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Dec. (Month) - 15 (Day) - 1879 (Year)

8. AGE: Years 64 | Months 11 | Days 0 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John McDaniel
13. Birthplace Unk. (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) Unk (State or foreign country)

16. (a) Informant L. E. McDaniel
(b) Address Catron, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richards Und Co.
(b) Address New Madrid Mo

19. (a) 12-9-44 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from ✓, 19__, to ✓, 19__; that I last saw h ✓ alive on ✓, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death No Medical attendant by all record death was due to Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to 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? Home. (Specify type of place)

While at work? (e) Means of injury

23. Signature Lis Hedgepeth Deputy Coroner (M. D. or other)

Address New Madrid Mo. 2 Date signed 11/16-44

1368

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1944

RECEIVED
District Health Office No. 2,
District File Number 1244-1622
Date Filed 12-12-44

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 Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.