

1892

State File No.

FILED FEB 10 1945

Registration District No. 5

Primary Registration District No. 3010

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 605 South Pacific Street
(If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Catherine Keeton

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th
year 1945 hour 7 minute 25 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife James W. Keeton alive - years

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

7. Birth date of deceased August 13th 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 6, 1945, to January 15, 1945
that I last saw h^e alive on January 14, 1945
and that death occurred on the 15th day and hour 7:25 stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>2</u>	hr. min.

Immediate cause of death Myocarditis
Chronic interstitial nephritis

Due to.....

Due to.....

9. Birthplace Grand Tower Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131a

11. Industry or business

MOTHER FATHER { 12. Name Calvin Yow

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Cheek

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

Physician 131a

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Linnie Anderson

(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/1945
(Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 1-17-45 (Date received local registrar)

(b) 4. J. Phelps (Registrar's signature)

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?
(Specify type of place)

While at work?..... (e) Means of injury 0

23. Signature Ph. Rittner (M. D. or other).....
Address Cape Girardeau, Mo. Date signed 1/16/45

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

16
4

1014

RECEIVED

District Health Officer No. 4
District File Number 245-218
Date Filed 2-7-45

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.....

Lee Lewnes....., Registered Apprentice No. 376,
working under my personal supervision.

Signed..... R. P. L. Lamm.....

Licensed Embalmer No. 2863.....

P. O. Address Cape Girardeau, 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.