S. No. 2
—12-45
5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1947

Registration District No. 376

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14779

Primary Registration District No. 6074

Registrar's No. 114

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge, Mo.
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. Grant
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Martha Letitia Keel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Hardy Keel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 2 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	27	hr. min.

9. Birthplace Farmington, Mo. R.F.D. No. 2 St. Francois Co. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Mr. George H. Luffin
13. Birthplace Knoxville Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Jane Haynes
15. Birthplace Knoxville Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Connie Heck (daughter)
(b) Address Desloge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director Alvin W. Hall
(b) Address 303 Crane St. Flat River, Mo.
19. (a) 4-11-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1947 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from Mar 13, 1947, to Mar 29, 1947, that I last saw her alive on Mar 28, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis	Duration
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature C. H. Appleberry (M.D. or other) MD
Address Flat River Mo Date signed 3-30-47

(Licensed Embalmer's Statement on Reverse Side)

EIVED

rict Health Officer No. 4

rict File Number 447-593

led 4-29-47

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 Alvin W Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat Rivr, Me

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.