

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

FILED MAR 5 1948  
Registration District No. 221

Primary Registration District No. 4450

Registrar's No. 2279

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan  
(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 month  
(Specify whether in this community 1 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Misouri (b) County Oregon

(c) City or town Koshkonong  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel F. McKeel

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

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23  
year 1947 hour 1 minute 30 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mercy Idella

6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)

7. Birth date of deceased May 24 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 21 November 1947 to 23 December 1947  
that I last saw him alive on 21 December 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>19</u>	hr. min.

Due to Prostatic Carcinoma

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 57B

Of autopsy \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Francis McKeel

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

14. Maiden name Mary Horner

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

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 \_\_\_\_\_

16. (a) Informant John McKeel

(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 12/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch, Mo.

18. (a) Signature of funeral director Edward Carter

(b) Address Thayer, Mo.

19. (a) 2-7-48 (b) E. P. Johnston  
(Date received local registrar) (Registrar's signature)

23. Signature M. D. McKeel (M. D. or other) M. D.

Address Doniphan, Mo. Date signed 10 Jan 48

Cyri - Doniphan

District File No. 348141  
Date Filed 3-4-98

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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 \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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.