

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14779

FILED APR 30 1947

Registration District No. 376

Primary Registration District No. 6074

State File No. \_\_\_\_\_

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)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mrs. Martha Leticia Kael  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife William Hardy Kael 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. P.O. No. 2, St. Louis  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Mrs. George H. Luffin  
13. Birthplace Kearville, Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Jane Haynes  
15. Birthplace Kearville, Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Heak (daughter)  
(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof April 1, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Alvin W. Hord

(b) Address 303 Crane St. St. Louis, Mo.

19. (a) 4-11-47 (b) Cather Rindloff  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1947 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 13, 1947, to May 29, 1947,  
that I last saw her alive on May 28, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholerae mependitis 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?

While at work? \_\_\_\_\_ (Specify type of place)  
(a) 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)

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

REIVED

Dist Health Officer No. 4

Dist File Number 447-593

Filed 4-29-47

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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.....

*Alvin W. Hood*

Licensed Embalmer No. 2780

P. O. Address.....

*303 Crane St. Flat 2, Quincy, Mass.*

**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.**