MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24153
Do not use this space.

REC'D AUG 8 1938

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2658

(c) City Kansas City — (d) Street No. 6407- 12th St. Terr. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie Emeline Keeton, 357

(a) Residence, No. 6407 - 12th St. Terr. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert L. Keeton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/26/1880

7. AGE: Years 57 | Months 2 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 0

FATHER
13. NAME: Samuel Driscoll 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Elizabeth Robison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Robert L. Keeton, 6407 12th St. Terr.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Shawnee, Kans. DATE: 7/3/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave., K. C. Mo.

20. FILED 7-3, 1938 M. M. Crouch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-1, 1938

22. I HEREBY CERTIFY That I attended deceased from May 21, 1938, to June 29, 1938
I last saw her alive on June 29, 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis, tuberculosis	
32 W	

Other contributory causes of importance: Mitral insufficiency

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. P. Brown, M. D.
(Address) 1314 Sec. Ave.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH GRADING LINES IS A PERMANENT RECORD

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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. 3625

P. O. Address P.C. 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, above space should be left blank.