DEC 11 1939

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

39070
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 1204
(c) City St. Joseph, (d) Street No. 921 South 18th. 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hannah Jane Keely, 400
(a) Residence, No. 921 South 18th. 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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Wesley Keely,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 30th. 1869
7. AGE: Years 70 Months 0 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
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): Red Oak, Iowa,

FATHER
13. NAME: David Persons,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania,

MOTHER
15. MAIDEN NAME: Lydia Taylor,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Mrs. Ada Hertel 40 Ayr Lawn Drive
18. BURIAL, CREMATION, OR REMOVAL PLACE: Courtney Cem. DATE: Nov. 25, 1939.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Bebole-Bowman 319 So. 10th - Funeral Home
20. FILED: Nov 25, 1939 A. J. Nestlebush. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 22nd, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1939, to Nov 22, 1939
I last saw her alive on Nov. 22, 1939 Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Glomerulo-Nephritis Chr. — Date of onset: not determined
Terminal Uremia — Nov 20 1939
Other contributory causes of importance:
Name of operation: none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) Gordon D Wright, M. D.
(Address) 845 So. 19th Saint Joseph Mo

(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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

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, Nov. 22, 19

..... or by .....

Registered Apprentice No....., working under my personal supervision.

Signed W. M. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 3190 10 St Joseph

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.