

FILED FEB 7 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH3346  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Pettis Registration District No. 668  
 (b) Township..... Primary Registration District No. 3039 Registered No. 47  
 (c) City..... Sedalia (d) Street No. 418 East Boonville 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. da.

## 2. PRINT FULL NAME

Levi J. Keeran  
 (a) Residence, No. 418 East Boonville 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 Male 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 Sarah Elizabeth Keeran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 5 1

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

12. BIRTHPLACE (CITY OR TOWN) Centertown  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Weston Keeran  
 14. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nancy Calvin  
 16. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. L. J. Keeran  
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Crown Hill DATE Feb. 3, 1940

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
 (ADDRESS) Sedalia, Mo.

20. FILED 2-2-1940 Harry Sneed  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1940 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 29 1940 to Jan. 31 1940  
 I first saw him alive on Jan. 30 1940 Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Myo-Cardiac (relat. to Endocarditis)

Date of onset  
Jan. 19, 1940

Other contributory causes of importance: 1

Endo-Carditis rel.  
arterio-sclerosis  
Coronary Thrombosis

Relat. to  
Endo-Carditis  
rel.  
arterio-sclerosis  
Coronary Thrombosis  
Jan. 30  
1940

Name of operation None Date of None  
 What test confirmed diagnosis Chrom. Was there an autopsy? Yes

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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify.....

(Signed) Chas. Sneed, M. D.  
 (Address) Sedalia, Mo.

JUL 21 1954

RECEIVED  
District Health Officer No. 8,  
District File Number  
4/140  
Date Filed

**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.....

*Geo. Dillard*

Licensed Embalmer No.....

*3868*

P. O. Address.....

*Sedalia mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**