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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

9710

State File No. _____

Registration District No. 399

Primary Registration District No. _____

Registrar's No. 1144

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
616 East 8th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 21 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Barbara Ellen Keeling
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Richard Keeling
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased November 2 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 4 10 .hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name James Sharp

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

14. Maiden name Martha Emmert
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Keeling
(b) Address 3340 Bales

17. (a) Cremation (b) Date thereof Mar. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
3-13-40

19. (a) 3-13-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3340 Bales Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1940 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from 1939 to 1940,
that I last saw him alive on 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Dilatative Heart
Chronic Fibrous Myocarditis
Myocardial Infarction
Other conditions:
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations
Of autopsy
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?

(Specify type of place) While at work (e) Means of Injury
23. Signature Paul W. [unclear] (M. D. or other)
Address [unclear] Date signed [unclear]

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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address R C Ho

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.