

FILED JUN 17 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17462  
State File No. 1989  
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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:  
3501 Askew Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Katherine E. Keckler

3. (b) If veteran, name war No 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. E.R. Keckler 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 30 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER { 12. Name (Orphan) Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant E.R. Keckler

(b) Address 3501 Askew Ave

Los Angeles Calif (b) Date thereof 5 18 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. J. Truesdell, San

18. (a) Signature of funeral director D. J. Truesdell, San

(b) Address 1401 Brush Creek Blvd

May 13, 1940 (Date received local registrar)

19. (a) M.M. Brown (b) (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. 3501 Askew Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1940 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from 12-21-39 to May 12 1940  
that I last saw her alive on May 11 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute & Chro Pyelo-Nephritis Coronary Thrombosis  
Duration 6 mo 1 day

Due to 94%

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? 361  
(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) (e) Means of injury 1

23. Signature Harry W. King M.D. (M. D. or other)

Address Spokane City Kansas Date signed 5-13-40

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. H. W. Ke  
502 Huron Bl  
K.C. K.  
2-5

**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 H. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. 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.**