

FILED AUG 9 1940

Registration District No. 420

Primary Registration District No. 55743022

Registrar's No. 64

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

1. PLACE OF DEATH: Jefferson

(a) County. Jefferson

(b) City or town. DeSoto *V. 1700*

(c) Name of hospital or institution: 909 Boyd street *2*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jefferson

(c) City or town. DeSoto
(If outside city or town limits, write "RURAL")

(d) Street No. 909 Boyd
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME. James Joseph McKeever 216

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex. <u>male</u>	5. Color. <u>white</u>	6. (a) Single, widowed, married, divorced. <u>widowed</u>
6. (b) Name of husband or wife. <u>Izella Williams</u>	6. (c) Age of husband or wife if alive. <u>deceased</u> years	
7. Birth date of deceased. <u>June 25</u> (Month)	<u>1859</u> (Day)	(Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>29</u>	hr. _____ min.

9. Birthplace. Burnsville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. Blacksmith unemployed

11. Industry or business. 9

12. Name. Not Known

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

14. Maiden name. " " (City, town, or county) (State or foreign country)

16. (a) Informant. Alfred McKay, Sister
(b) Address. 909 Boyd St DeSoto Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof. July 26, 1940 (Month) (Day) (Year)
DeSoto, Mo.

18. (a) Signature of funeral director. Lee Mothershead
(b) Address. DeSoto, Mo.

19. (a) 7-29-40 (Date received local registrar) (b) Jeneva Danneel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1940 hour 9 minute A M.

21. I hereby certify that I attended the deceased from July 23, 1940 to July 24, 1940
that I last saw him alive on July 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. arterio-sclerotic heart disease

Due to _____

Due to 95 B

Other conditions (include pregnancy within 3 months of death)

Major findings: _____

Of operations. _____

Of autopsy. none

Duration Unknown

PHYSICIAN _____

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) no

(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? 381

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul V. McPherson (M. D. or other) 1
Address Edgar City, DeSoto, Mo. Date signed 7/25/40

NOV 13 1946

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

J. L. Muthuswami

Licensed Embalmer No. 3501

P. O. Address Edeto, N.W.

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.