

Registration District No. 397

Primary Registration District No. 1002

1. PLACE OF DEATH:

Jackson

(a) County Kansas City
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4612 Fairmount /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MICHAEL J. MCKEEVER

8. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary McKeever 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased September 24, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Co. Lough, Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Tailor

11. Industry or business _____

12. Name Michael McKeever
18. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ann McCardle
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary McKeever

(b) Address 4612 Fairmount

17. (a) Burial (b) Date thereof 2/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co

(b) Address 100ms

19. (a) 2/18/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4612 Fairmount
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1941 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 27, 1941, to Feb 17, 1941; that I last saw him alive on Feb 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pneumonia
Due to Generalized Infection
Due to myocarditis
Other conditions Several years
(Include pregnancy within 3 months of death) 11 1/2

Major findings: Of operations _____
Of autopsy no

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? _____

23. Signature John O. Skinnier (M. D. or other) M.D.
Address 1422 Bryant Bldg Date signed 2/17/41
While at work? _____ (Specify type of place) (e) Means of injury _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

AUG 26 1944

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 Harold Perry

Licensed Embalmer No. 4097

P. O. Address.....

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.