

No. 2  
-4-13-40  
5-17-39  
I X23159

Registration District No. 399 Primary Registration District No. 100

148  
830  
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 Lakeside Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days (Specify whether  
In this community 14 Years 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1319 East 45th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Miss Mildred Theresa Keithley

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 18th  
year 1941 hour 12 minute 05 A. M.

3. (b) If veteran, name war No 3. (c) Social Security No. 486-05-7184

21. I hereby certify that I attended the deceased from Dec. 13, 1941  
Dec. 13, 1941 to Dec. 18, 1941  
that I last saw her alive on Dec. 18, 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if  
----- alive ----- years  
7. Birth date of deceased March 25 1910  
(Month) (Day) (Year)

Immediate cause of death Double Lobar pneumonia 48 hrs

8. AGE: Years Months Days If less than one day  
31 8 23 hr. min.

Due to Influenza 10 days

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

Due to chronic arthritis 25 yrs  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Machine Operator  
11. Industry or business National Paper Box Co.

PHYSICIAN  
Major findings: -----  
Of operations -----  
Of autopsy -----  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name E. R. Keithley  
13. Birthplace Reed Springs Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Erna Wallace  
15. Birthplace Huntington West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Wessup  
(b) Address 1319 E 45th St  
Rural (c) Date thereof Dec 20 19 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park

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?  
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18. (a) Signature of funeral director O. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
19. (a) Dec 18 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

While at work? ----- (Specify type of place)  
(c) Means of injury -----  
23. Signature V. W. Farrel (M. D. or other) DO  
Address 406 W. 7th St Date signed 12-18-41

*Northman Bldg.*

**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 *William Simpson*  
Licensed Embalmer No. *3965*  
P. O. Address *Rt. 2, C. Me.*

**-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, fact should be so stated above.**