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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5433

Registration District No. 349 Primary Registration District No. 1002 Registrar's No. 249

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5520 Forest Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo. 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 5520 Forest Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Ellen KEENAN.
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 Widowed
6. (b) Name of husband or wife Michael J. Keenan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 25th 1877 (Month) (Day) (Year)
8. AGE: Years 64 Months 2 Days 3 If less than one day hr. min.
9. Birthplace Dubuque, Iowa. / (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
FATHER 12. Name Timothy Foley
13. Birthplace County Clair, Ireland 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Ryan
15. Birthplace Indiana / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary M. Leahy.
(b) Address 2927 Garfield Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summitt Missouri
18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.
19. (a) 3/3/42 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1942 hour 12 minute 05 P. M.
21. I hereby certify that I attended the deceased from Feb 20 1942, 19..., to Feb 28, 1942, that I last saw h. alive on Feb 28, 1942, and that death occurred on the date and hour stated above.
Immediate cause of death Bronchio-pneumonia — Duration 3 Days
Due to Influenza
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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 C. S. Merriman (M. D. or other)
Address 8130 Holmes Date signed 3-1-1942

301 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.