S. No. 2
M—9-4-41
v. 5-17-39
I X29484

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 96912

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1053

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:
1411 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 65 Years
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") 8
(d) Street No. 1411 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------ 0

3. (a) PRINT FULL NAME Mrs. Caroline Snead Keating

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 Widowed 2
6. (b) Name of husband or wife Mr. John Keating
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased May (Month) 14 (Day) 1859 (Year)

8. AGE: Years 82 Months 9 Days 30 29 If less than one day hr. min.

9. Birthplace Near Wellington (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business -------

FATHER
12. Name Richard A. Snead
13. Birthplace Gallatin (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Ann Moore
15. Birthplace Cole County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs Fred Peters
(b) Address Leavenworth Kans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 16 (Day) 42 (Year)
(c) Place: burial or cremation Mt. Hope Cem. K.C.K.
18. (a) Signature of funeral director A. W. Newcomers Sons
(b) Address 1401 Brush Creek K.C. Mo.
19. (a) 3-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1942 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 5 Mar 1942 to Mar 13 1942 that I last saw her alive on Mar 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to —

Due to — 83 a

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

Major findings:
Of operations none
Of autopsy none

Duration

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

23. Signature R P Jones (M. D. or other) 0
Address 309 2 10 St Date signed

561

(Licensed Embalmer's Statement on Reverse Side)

Dr. K. P. Jones
309 East 10th Street
3-5

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 [signature]

Licensed Embalmer No. 3965

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, fact should be so stated above.