

17031

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 29 1942
399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1983

48
3
8

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: 1024 Troost
(If not in hospital or institution, write street number or location)

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

In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1024 Troost
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Laura Belle Keedy

3. (b) If veteran, name war XX

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Samuel E. Keedy 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: June (Month) 16 (Day) 1873 (Year)

8. AGE: Years 68 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Lebanon Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Wm. Beck

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

14. Maiden name No record

15. Birthplace q
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel E. Keedy

(b) Address 1024 Troost, K.C. Mo.

17. (a) Burial (b) Date thereof May 21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 5-21-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1942 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 5/19/42 to 5/19/42 1942 that I last saw her alive on 5/16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 11 days

Due to _____

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? _____

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

23. Signature J. J. Thompson (M. D. or other) _____

Address 736 P. of Reg Date signed 5/21/42

361

(Licensed Embalmer's Statement on Reverse Side)

66
730 Proof Bq
V1-2449
Nov 34 34

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 A. R. Hauschild
Licensed Embalmer No. 4459
P. O. Address K. E. 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.