

FILED JUL 9 1942 99

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2508

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: 4241 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None
(Specify whether
In this community: Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: California (b) County: Los Angeles
(c) City or town: Los Angeles
(If outside city or town limits, write "RURAL")
(d) Street No.: 24337 South Olive
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alfred George Keast

3. (b) If veteran, name war: no 3. (c) Social Security No.: none

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

6. (b) Name of husband or wife: 5 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE: 24 Years Months Days If less than one day
unknown hr. min.

9. Birthplace: unknown (City, town, or county) (State or foreign country)

10. Usual occupation: unknown

11. Industry or business: unknown

12. Name: unknown

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

14. Maiden name: unknown

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

16. (a) Informant: Edward Robinson

(b) Address: Court House, K C Mo.

17. (a) Cremation (b) Date thereof: July 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Joyce Funeral Home
(b) Address: 3146 Main St.

19. (a) 7-1-42 (b) M. N. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 28 Year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/19/42 to 9/28/42

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: thrust sword of the head. Duration

Due to: 16 hrs

Due to: 16 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: see file

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): suicide

(b) Date of occurrence: 6/28/42

(c) Where did injury occur? 4241 Paris Place (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
While at work? no (Specify type of place) (e) Means of injury: 2

23. Signature: [Signature] (M or other) 6/28/42
Address: [Signature] Date signed

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

MOTHER FATHER

361

Σο 0711

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.....

G. F. Buffington

Licensed Embalmer No.....

2756

P. O. Address.....

R. C. King

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.