

Registration District No. **1909**

Primary Registration District No. **1002**

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:  
**523 Grand Help Hand**  
(If not in hospital or institution, write street number or location)

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

In this community **Do not Know**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson** **48**

(c) City or town **Kansas City Mo.** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **523 Grand Help Hand** **8**  
(If rural, give location) **0**

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

If yes, name country.....

3. (a) PRINT FULL NAME **Chas. L. Keane**

3. (b) If veteran, name war **Do not Know**

3. (c) Social Security No. **Do not Know**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**  
year **1943** hour **2** minute **15** a.m.

21. I hereby certify that I attended the deceased from **Chas. Keane**  
19....., 19.....

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Do not Know**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 5 1885**  
(Month) (Day) (Year)

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

Immediate cause of death **Chronic alcoholism**

8. AGE: Years **58** Months **2** Days **13**  
If less than one day..... hr..... min.

Due to **7719**

Due to.....

9. Birthplace **Levenworth Kansas**  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 9 months of death)

10. Usual occupation **Do not Know**

Major findings:  
Of operations.....

11. Industry or business.....

12. Name **Do not Know**

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

14. Maiden name **Do not Know**

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

Of autopsies.....  
**Major findings & history**

16. (a) Informant **Coroner Report**

(b) Address **Kansas City Mo.**

17. (a) **Removal** (b) Date thereof **May 18 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Levenworth Kansas**

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)

18. (a) Signature of funeral director **Davis Church**  
(Name of funeral director)

(b) Address **Levenworth Kansas**

19. (a) **5-18-43** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

While at work..... Means of injury.....

23. Signature **Chas. Keane** **3**  
(M. D. or other) (Date signed)

Address.....

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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 Park G. Rowe  
Licensed Embalmer No. 2347  
P. O. Address 11 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.