

FILED JUL 8 1949  
Registration District No. 1002

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:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether Over 50 Years)

In this community Over 50 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999

(c) City or town Shawnee, Kansas  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? ..... (Yes or No) 2  
If yes, name country .....

3. (a) PRINT FULL NAME Mary T. 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

6. (b) Name of husband or wife Jeremiah T. Keating

6. (c) Age of husband or wife if alive 10 years (Month) (Day) (Year)

7. Birth date of deceased May 10 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from May 22 1943, to June 25 1943, that I last saw her alive on June 25 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 1 15 hr. .... min.

Immediate cause of death:  
Diabetes Mellitus  
Acute Nephritis  
Heart Hypertension

Duration  
2 mo  
10 days  
10 yls.

9. Birthplace Cahir, County Tipperary, Ireland  
(City, town, or county) (State or foreign country)

Due to 61

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

PHYSICIAN

12. Name Patrick Hally

Major findings: Of operations

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

Of autopsy

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Michael D. Keating

(b) Address Shawnee, 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? .....

(c) Place: burial or cremation Shawnee Kansas

18. (a) Signature of funeral director J. F. Spence

(b) Address 3256 Broadway

19. (a) 6-26-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature P. J. O'Connell M.D. (M. D. or other) 1/25/43  
Address 207 W. 1st St. Shawnee, Mo. Date signed 1/25/43

K.E. No

**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..... *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.**