

REGISTERED JUN 30 1949/49

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:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **45 days**
(Specify whether years, months or days)

In this community **two months**

3. (a) PRINT FULL NAME **Thomas Keavy**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **male** **5. Color or race** **white**

6. (a) Single, widowed, married, divorced **married**

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

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

7. Birth date of deceased **Nov 2 1886**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day | |
|---------|-----------|----------|-----------|----------------------|------|
| | 56 | 7 | 15 | hr. | min. |

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

10. Usual occupation **Laborer**

11. Industry or business **Laborer**

MOTHER { **12. Name** **Thomas Keavy**

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

14. Maiden name **McCustland**

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

16. (a) Informant **General Hospital Records**

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

17. (a) Burial **(b) Date thereof** **6 21 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Omaha Nebraska**

18. (a) Signature of funeral director **Steinbacher, s**

(b) Address **3146 Main St.**

19. (a) 6-18-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Nebraska** (b) County **?**

(c) City or town **Omaha Nebraska**
(If outside city or town limits, write "RURAL")

(d) Street No. **1309 South 25th St.**
(If rural, give location)

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

If yes, name country _____ **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
year **1943** hour **4** minute **15 P.M.**

21. I hereby certify that I attended the deceased from _____ **19**;
that I last saw h. **Deputy Coroner** **19**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **gunshot wound of leg**

Due to **leg**

Due to **Anterior coronary occlusion**

Other conditions **Chronic pneumonia**
(Include pregnancy within 3 months of death)

Major findings: **166 166**

Of operations _____

Of autopsy: **See above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide **Homicide**

(b) Date of occurrence **April 28 1943**

(c) Where did injury occur? **Kansas City Jackson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **(circled)**

While at work? **No** (Specify type of place)

(c) Means of injury **gunshot**

23. Signature **J. E. Brown** **3** **(M. D. or other)**
3rd M. Gray **3**

Address _____ Date signed **6/17/43**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1943
1586
567
11
15

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.....

Thos J Steimbacher

Licensed Embalmer No.....

3930

P. O. Address.....

Kc 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.