

S. No. 2
M-5-43
v. 5-17-39
I X36671

2126

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution: 1803 North 2nd

(d) Length of stay: In hospital or institution. (Specify whether)

In this community about 15 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town St Joseph

(d) Street No. 1803 North 2nd

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

If yes, name country.

3. (a) PRINT FULL NAME JASPER-H-KEEFOVER

3. (b) If veteran, name war. No

3. (c) Social Security No. MO

4. Sex M

5. Color or Race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife.

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

7. Birth date of deceased. Oct 16 1857 (Month) (Day) (Year)

8. AGE: 86 Years 2 Months 29 Days If less than one day hr. min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or Business

12. Name George Keefover

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

14. Maiden name Hannah Free Land

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

16. (a) Informant Mrs F P Johnson

(b) Address R. St Joseph

17. (a) (b) Date thereof 1-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Barnes Kansas

18. (a) Signature of funeral director Roy Clancy

(b) Address St Joseph MO

19. (c) 1-17-44 (Date received local registrar) (b) Wase Alvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1944 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 15 1944 that I last saw him alive on Jan 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 2nd

Due to: atherosclerosis

Other conditions: (Include pregnancy within 3 months of death) 93d

Major findings: Of operations: Of autopsy:

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) Means of injury.

23. Signature Cera Redwine (Date signed) 1/17/44

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

John Roy Sloney

Licensed Embalmer No.

2435

P. O. Address

St Joseph

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.