V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6156

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 673

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. LUKE'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 MONTHS - 5 DAYS (Specify whether
In this community 51 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5700 OAK STREET 8
(If rural, give location)

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

If yes, name country ---- 0

3. (a) PRINT FULL NAME MR. HENRY MORRIS KEEVIL

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 MARRIED

6. (b) Name of ~~husband~~ or wife MRS. EVA L. KEEVIL

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased AUGUST (Month) 8 (Day) 1863 (Year)

8. AGE: Years 80 Months 5 Days ~~30~~ 29 If less than one day hr. min.

9. Birthplace LAWRENCE (City, town, or county) KANSAS 1 (State or foreign country)

10. Usual occupation RAILWAY MAIL SERVICE.

11. Industry or business RETIRED 14 YEARS

FATHER
12. Name CHARLES KEEVIL
13. Birthplace LONDON (City, town, or county) ENGLAND 4 (State or foreign country)

MOTHER
14. Maiden name ELIZA WORCHURST
15. Birthplace LONDON (City, town, or county) ENGLAND 4 (State or foreign country)

16. (a) Informant MRS. EVA L. KEEVIL

(b) Address 5700 OAK STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 10. 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FLORAL HILLS CEM.

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-10-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 7TH. year 1944 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 7, 1943, 1943, to Feby 7, 1944, that I last saw him alive on Feby 7th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Hypostatic pneumonia - Bronchial

Due to Senility - cardio - vascular

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Nov. 6 1943 Thoracotomy Empyema

Of autopsy —— 93d

Duration

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)

(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)

While at work? (e) Means of injury 0

23. Signature Terry E. Lilly (M. D. or other) MD

Address 807 Argyle Bldg. Date signed 2/8/44

(Licensed Embalmer's Statement on Reverse Side) KC. Mo.

Argyle Bldg

JUN 9 1944

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address R 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.