

Registration District No. 42

Primary Registration District No. 1800

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Atlantic Hotel 621-623 So 1 8th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 621-623 South 8th Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Nathan H. Keeney

3. (b) If veteran, name war  3. (c) Social Security No. 488-14-8143

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Annie Ball Keeney 6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased January 18, 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Oregon Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown Keeney  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant James R. Keeney  
(b) Address 1927 N. 27th St., Lincoln, Nebr.  
17. (a) Burial (b) Date thereof Mar. 29, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon Cemetery  
18. (a) Signature of funeral director Mrs. E. R. Sidenfader  
(b) Address 602 So. 10th Street  
19. (a) 3-29-44 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th  
year 1944 hour 5:15 minute P. M.  
21. I hereby certify that I attended the deceased from September 16th, 1943 to March 26th, 1944  
that I last saw him alive on March 26th, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Left ventricular decompensation  
Due to Arteriosclerosis  
Duration over 8 months  
Due to Arteriosclerosis over 5 years

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 92d  
Of autopsy  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signed Charles B. Werner (M. D. or other) M.D.  
Address Social Welfare Board Date signed 3/29/44

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

**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 *Mollie E. Sidenfaden Fro*  
Licensed Embalmer No. *4235*  
P. O. Address *St. Joseph, 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.**