S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 23772

State File No.

FILED AUG 14 1944

Registration District No. 1

Primary Registration District No. 1602.

Registrar's No. 3149

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 2 months (Specify whether
In this community 5 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") 8

(d) Street No. 6115 Jackson
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John P. Keyes

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife Altha

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

7. Birth date of deceased October 12, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	19	hr. min.

9. Birthplace New Jersey 1
(City, town, or county) (State or foreign country)

10. Usual occupation Produce Broker

11. Industry or business Vegetables

FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lyman B. Keyes
(b) Address 6115 Jackson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Joyce Funeral Home
(b) Address 3146 Main St.

19. (a) 8-1-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1944 hour minute M.

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

Immediate cause of death

Duration

Broncho pneumonia

Due to

Coronary sclerosis

Due to

Other conditions 44a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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

23. Signature A. E. Upsher (M. D. or other) M.A.

Address 23rd & McKay Date signed 8/1/44

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar C. Samuelson

Licensed Embalmer No. 3002

P. O. Address 3146 Main

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.