

FILED FEB 6 1945
 1979

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 344

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

1. PLACE OF DEATH
 (a) County Jackson
 (b) City or town K.C.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Infirmary 1416 E. 17th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
27 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie A. Keyes
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Female 5. Color of race Col.
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 18 1879
 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 27
 If less than one day _____ hr. _____ min.

9. Birthplace Lake Charles La
 (City, town, or county) (State or foreign country)
COOK

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY WROTEN
 13. Birthplace LAKE CHARLES, LA.
 (City, town, or county) (State or foreign country)
 14. Maiden name WIEBLE

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

16. (a) Informant SSAC, WROTEN
 (b) Address 1710 TRACY

17. (a) BURIAL (b) Date thereof 1-23-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LINCOLN CEM.

18. (a) Signature of funeral director BRADY-BROWN
 (b) Address KC, Mo.

19. (a) 1-22-45 (b) E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town K.C.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1604 Lydia
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 15
 year 1945 hour 6:00 minute 0 M.
 21. I hereby certify that I attended the deceased from
Deputy Coroner 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Dilatation of Heart
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy Dup - history

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 R. Richardson (M. D. or other)
 Address 1832 Vine Date signed 1-16-45

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

A. T. Moore

Licensed Embalmer No.

948

P. O. Address.....

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.