

7. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED MAR 24 1945/9
Registration District No. **2**

Primary Registration District No. **1002**

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:
5331 Highland Sittle Sisters
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 9 yrs
(Specify whether)
 In this community 9 Years
years, months or days

3. (a) PRINT FULL NAME Josephine O'Keefe

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 15 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER, FATHER

12. Name John O'Keefe

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Barry 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. St. Louis

(b) Address 5331 Highland

17. (a) Burial (b) Date thereof Mar. 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Bink & Tobin

(b) Address 20 W. Linwood Kansas City Mo.

19. (a) 3-5-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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. 5331 Highland 5
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
 year 1945 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Oct 1944 to March 2, 1945
 that I last saw her alive on March 3, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 7 hours
 Due to Arterio Sclerosis 10 years
 Due to Hypertensive Heart Disease unknown

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 93 d
 Of autopsy no

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)
 (c) Means of injury MI

23. Signature John T. Skinner (M. D. or other) MD
 Address 1402 Bryant Bldg Date signed 3/3/45

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

Chas. M. Zwick

Licensed Embalmer No.....

3774

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.