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

FILED JUL 21 1945

State File No. 24168

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 177

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 215 South Hunter / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 75 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4K

(c) City or town Independence Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 215 S Hunter Blue Twp - 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME NEWTON NICHOLAS KECK

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 married /

6. (b) Name of husband or wife Mary Ann Keck

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 9 (Day) 1870 (Year)

8. AGE: Years 75 Months 2 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Jackson County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business .....

FATHER
12. Name Nicholas Keck
13. Birthplace ..... (City, town, or county) Tennessee / (State or foreign country)

MOTHER
14. Maiden name Sarah Cantrell
15. Birthplace ..... (City, town, or county) Tennessee / (State or foreign country)

16. (a) Informant Mary Ann Keck

(b) Address 215 S Hunter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 16 (Day) 45 (Year)

(c) Place: burial or cremation Lobb Cemetery

18. (a) Signature of funeral director George C Carson Funeral Home

(b) Address Indep ndence Missouri

19. (a) 6-14-45 (Date received local registrar) (b) James W Ross (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1945 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1-1-48 ~~6-10~~, 1945 to June 13, 1940 that I last saw him alive on 6-10-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart disease	1 year
Due to	
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations no
Of autopsy no 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C H Allen M.D. (M. D. or other)

Address Independence M. Date signed 6/14/45

(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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Independence 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.