

S. No. 2
M-5-43
v. 5-17-39
I X36671

32742

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

State File No. _____
Registrar's No. **4367**

FILED NOV 7 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. 149 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: St. Marv's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo. 3 days
In this community 50 years
(Specify whether 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")
(d) Street No. 3938 Roanoke Road 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rt. Rev. Msgr. Wm. Keuenhof
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 23
year 1945 hour 5:00 minute A. M.

4. Sex Ma 0 5. Color or race Wh
6. (a) Single, widowed, married, divorced Sgl 0
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased March 5 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 3, 1945 to Oct. 23, 1945
that I last saw him alive on Oct 23, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 7 18 hr. min.

Immediate cause of death
Arteriosclerosis
Cardiovascular disease 540
Due to Diabetes Mellitus 1540
Due to _____

9. Birthplace Eitorf-Linkenbach Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Priest

Other conditions (include pregnancy within 3 months of death) 61
Major findings: 61
-Of operations _____
Of autopsy No

MOTHER FATHER

11. Industry or business _____
12. Name Mathias Keuenhof 4
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)
14. Maiden name Anna Catherine Schwennbach
(City, town, or county) (State or foreign country)
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Msgr. Jas. J. McCaffrey
(b) Address 700 Karnes
17. (a) Burial (b) Date thereof 10-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nevada, Missouri
18. (a) Signature of funeral director J.W. Wagner
Kansas City, Mo.
(b) Address _____
19. (a) 10-24-45 (b) Ceraldine Holmes
(Date received local registrar) (Registrar's signature)

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 _____ (Specify type of place) _____
Means of injury _____
23. Signature J. J. [unclear] (M. D. or other) _____
Address 906 Grand Ave. [unclear] Date signed 10/24/45

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

Richard B. Bly
V1-2813

NOV 9 1945

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 *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.