

No. 2
5-43
5-17-39
X36671

FILED AUG 27 1946

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3552

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. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
In this community 38 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2209 E. 37 St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Rosemary Keiter

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. W. Keiter 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased July 29, 1908
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John J. Shelley
13. Birthplace Ireland
14. Maiden name Mary E. McCaffrey
15. Birthplace Ireland

16. (a) Informant L. W. Keiter
(b) Address 2209 E. 37 St.

17. (a) Burial (b) Date thereof 8-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 8-17-46 (b) Doraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 15 year 46 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 1945 to Aug 15, 1946
that I last saw u alive on Aug 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Carcinomatous metastases from bilateral breast
Due to Carcinoma

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Pneumonia of both lungs with metastases to four abdominal carcinomatous of pelvis & peritoneum

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 u
Signature D. M. ... (Date received local registrar) (Date signed) 8/16/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26042

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.....

Thomas E. Quirk

Licensed Embalmer No.....

3775

P. O. Address.....

K. C. 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.