

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33629**
Registrar's No. **4287**

FILED SEP 21 1946

Registration District No. **147** 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. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

In this community **64 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William E. KEHOE**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Catherine T. Kehoe**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **October 19 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	11	21	hr. min.

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

10. Usual occupation **Justice of the Peace**

11. Industry or business **Retired 4 years**

MOTHER FATHER

12. Name **Wm. H. Kehoe**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Catherine T. Kehoe**

(b) Address **3426 Jefferson, K.C., Mo.**

17. (a) **Burial** (b) Date thereof **10-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **10-11-46** (b) **Sheldine Holme**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **3426 Jefferson**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **May 3, 1944** to **October 10, 1946**

that I last saw him alive on **October 10, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure**

Due to **Chronic Nephritis**

Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **as above**

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 _____

23. Signature **H. B. Rowland** (M. D. or other) _____

Address **315 Cleveland, K.C., Mo** Date signed **10/11/46**

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

Afternoon - 4:15 pm

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.....
Licensed Embalmer No.....
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.