

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:
4219 LOCUST STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4219 LOCUST STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CATHERINE MARIE 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 WIDOWED
6. (b) Name of husband or wife MR. JOHN D O'KEEFE 6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 4 - 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 28 hr. min.

9. Birthplace JEFFERSONVILLE, INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name JOHN SHEASON

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

14. Maiden name MARY RYAN (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Florence O'Keefe

(b) Address 4219 Locust

17. (a) BURIAL (b) Date thereof 12-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 12-4-46 (Date received local registrar) (b) Geraldine Holmeas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 2nd year 1946 hour 10 minute 05P. M.

21. I hereby certify that I attended the deceased from 5/19/46 to 12/2/46 that I last saw him alive on 12/2/46 and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma Sarcoma
Due to male RT 25g 5yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 552 Of 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?

While at work? (Specify type of place) Means of injury
23. Signature John O. Sheason (M. D. or other) Address 11402 Bryant 15 CM Date signed 12-5-46

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 William P. Beary

Licensed Embalmer No. 4402

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.