

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1169
Registrar's No. 477

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 6903 Elmwood
(d) Length of stay: In hospital or institution 17 years
In this community 17 years

3. (a) PRINT FULL NAME Letha Etta Keal
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex fe. / 5. Color or race white
6. (b) Name of husband or wife Harvey
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased August 8 1897

8. AGE: Years 49 Months 5 Days 22
If less than one day hr. min.

9. Birthplace Cole County Missouri
10. Usual occupation Home maker
11. Industry or business

MOTHER FATHER
12. Name Tillman Flippin
13. Birthplace Mo.
14. Maiden name Lora Pace
15. Birthplace Mo.

16. (a) Informant Harvey Keal
(b) Address 6903 Elmwood
17. (a) Burial (b) Date thereof Feb. 2-47
(c) Place: burial or cremation Port Scott, Kansas
18. (a) Signature of funeral director C.H. Blackman & Son, Inc
(b) Address 2825 Independence Blvd.
19. (a) 2-1-47 (b) Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 6903 Elmwood
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 30
year 1947 hour 9 minute P.
21. I hereby certify that I attended the deceased from Jan 24, 1947 to Jan 30, 1947
that I last saw her alive on Jan 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute cardiac decompensation 9 days
Due to myocarditis
general atherosclerosis
Due to nephritis etc.
Other conditions Terminal
Pulmonary edema
Major findings: none
Of operations: none
Of autopsy: 1318

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work: Specify type of place
23. Signature: G. Potter (M. D. or other)
Address: 724 Perry Bldg. Date signed: 1/30/47

(Licensed Embalmer's Statement on Reverse Side)

48
3
8
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

K.O. 67ms

Dr. H. B. Blackman
Prof. Blackman

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 H. D. Blackman
Licensed Embalmer No. 3639
P. O. Address R. 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.