S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9179

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1087

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 7 days (Specify whether years, months or days)
In this community 30 yrs

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. 414 Garfield 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Keeling
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Lee Keeling
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July 17 1863 (Month) (Day) (Year)
8. AGE: Years 83 Months 7 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Hiram Keeling
13. Birthplace (City, town, or county) (State or foreign country) Va
14. Maiden name Lucy Ann Gray
15. Birthplace (City, town, or county) (State or foreign country) Va
16. (a) Informant Della Deighton
(b) Address 414 Garfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director Mrs C L Foster
(b) Address 918 Brooklyn
19. (a) 3-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1947 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from Jan. 30, 1947 to March 7, 1947 that I last saw him alive on March 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Complications following operation for peptic ulcer — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1170
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 3-7-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Brown

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. 2570

P. O. Address. KC. 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.