

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4828 E. 18th /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City, Mo. **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 4828 E. 18th St. **F**
(If rural, give location)
 (e) Citizen of foreign country? NO **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARY ELLEN KEITHLY

3. (b) If veteran, name war none
 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 Joseph S. Keithly
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 19, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 27 22 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael Pallardy

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

14. Maiden name Mary Jane unknown

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

16. (a) Informant Mrs. J. A. Panka

(b) Address 4828 E. 18th Kansas City, Mo.

17. (a) burial (b) Date thereof 3/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery Indef. Mo.

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 3-14-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
 year 1947 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 28th
1947 to March 10th 1947
 that I last saw her alive on March 10th 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days
Hypertension - 5 years

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 830
 Of operations _____
 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? Indef. Mo.

While at work? _____ (e) Means of injury _____

23. Signature P. M. Agee (M. D. or other) D.O.

Address Independence Date signed 3/14/47

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

MOTHER FATHER

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.....

Charles F. Tyler....., Registered Apprentice No. *411*
working under my personal supervision.

Signed *John Pasley*.....

Licensed Embalmer No. *4308*.....

P. O. Address *Independence, 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.