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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9243
Registrar's No. 1065

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - 630 E. 74th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 750 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Sherida McKEEVER
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 widow
6. (b) Name of husband or wife Bernard Mc Keever
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased 11 (Month) 1871 (Day) (Year)

8. AGE: Years 75 Months 43 Days 15
If less than one day hr. min.

9. Birthplace Shawnee Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Patrick Sheridan
13. Birthplace Tipperary Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Nolan
15. Birthplace Tipperary Irel and
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harry Dierks
(b) Address 630 east 74th Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 10 47
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Mellody McGilley Eylar
(b) Address 1800 East Linwood Blvd.

19. (a) 3-8-47 (Date received local registrar)
(b) St. Geraldine Holmes (Registrar's signature)

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. 630 East 74th Terr. 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1947 hour 11 minute 20 P.M.
21. I hereby certify that I attended the deceased from 1946
1946 to 3 7 1947 1947
that I last saw her alive on March 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure Duration 3 days
Due to Coronary -
infarction - this lesion 7 years
Due to primary site in breast
operated - 9 yrs. ago.

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations none 46 f
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? _____

While at work? _____ (Specify type of place)
(c) - Means of injury 0
23. Signature John Sherman (M. D. or other) MD
Address 1102 Grand Ave Date signed 5-8-47

J. E. M.

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.