

FILED MAY 5 1947

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  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 5-14-47  
(Specify whether years, months or days)

In this community since 1935  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Lew Keyser, Sr.

**3. (b) If veteran,** name war no.

**3. (c) Social Security No.** 486-09-1956

**4. Sex** male **5. Color or race** white

**6. (a) Single, widowed, married, divorced** married

**6. (b) Name of husband or wife** Mrs. Adelaide G. Keyser

**6. (c) Age of husband or wife if alive** unknown years

**7. Birth date of deceased** September 7 1902  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>44</u>	<u>7</u>	<u>13</u>	hr. min.

**9. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Chief of Patrol.

**11. Industry or business** General Motors, Leeds, Mo.

MOTHER, FATHER

**12. Name** unknown

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

**14. Maiden name** unknown

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

**16. (a) Informant** Mrs. Adelaide G. Keyser

**(b) Address** R. F. D. #3, Kansas City, Mo.

**17. (a) removal** removal **(b) Date thereof** 4-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Flint, Michigan

**18. (a) Signature of funeral director** Stine & Motture Und. Co

**(b) Address** 3235 Gillham Plaza, K. C., Mo.

**19. (a) 4-22-47** Thalaine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #3 rural  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country X

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 20<sup>th</sup>  
year 1947 hour 10:45 minute 35 A.M.

**21. I hereby certify that I attended the deceased from** April 14  
1947, to April 20, 1947;  
that I last saw him alive on April 20, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 week

Due to.....

Due to..... 94a

Other conditions Hypertension, essential  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations None

Of autopsy None

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 April 20, 1947

(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?

**23. Signature** P. J. Keller (M. D. or other) MD

Address 610 Jefferson Bldg Date signed 4-20-47

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**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.**