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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 799

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31318

Registrar's No. 4131

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years 5 Months
(Specify whether years, months or days)

In this community many years.

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. 5331 Highland 8
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. MARY ANN 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 2

6. (b) Name of husband or wife Patrick McKeever

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

7. Birth date of deceased April 6 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	22	hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name David Murphy
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Quirk
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles Bessenbacher
(b) Address 200 West Armour

17. (a) Burial (b) Date thereof 10/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Quirk & Dobin
(b) Address 20 West Linwood

19. (a) 9-30-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Sept
year 1947 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 10, 1947 to Sept 28, 1947; that I last saw her alive on 9/27, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Concurrent Bronchial pneumonia	3 days
Due to: Cerebral accident	1 week
Due to: Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no 83
Of autopsy no

PHYSICIAN
Underline the cause of 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 0

23. Signature John T. Skinner (M. D. or other) MP

Address 1102 Grand Ave. Date signed 9-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JT. CMO

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.