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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12674
1530

State File No.

Registrar's No.

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
IN AMBULANCE ENROUTE FROM BUS DEPOT TO GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR. HARRY ELDON KEENAN
(b) If veteran, name war WORLD WAR I
(c) Social Security No. 509-01-8278

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED
(b) Name of husband or wife MRS. PANSY KEENAN 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased JANUARY 1 1894 (Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 6 If less than one day hr. min.

9. Birthplace MULBERRY KANSAS (City, town, or county) (State or foreign country)

10. Usual occupation ASSISTANT MANAGER

11. Industry or business UNION BUS DEPOT

12. Name JAMES KEENAN

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

14. Maiden name DORA B. SHELL (City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. PANSY KEENAN

(b) Address 1015 EAST-27th STREET

17. (a) BURIAL (b) Date thereof APRIL 7 1948 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANTON, KANSAS

18. (a) Signature of funeral director J. H. Newsome's Son

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 4-7-48 (Date received local registrar) (b) D. Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 1015 EAST 27th STREET (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7th year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Coronary Occlusion
Due to Coronary Sclerosis

Other condition Deputy Coroner
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy See Above

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) (e) Means of injury _____
23. Signature A. E. Walker (M. D. or other) _____
Address 2800 Main Date Signed 4/7/48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

APR 27 1948

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

Jess T. Dewar

Licensed Embalmer No. *445-3*

P. O. Address *St Louis City*

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.