No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16402

Registrar's No. 2175

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: Trinity Lutheran 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-14-48-5-22-48 (Specify whether
In this community life time
years, months or days)

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. 8209 Walnut 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Wilby Keyes

3. (b) If veteran, name war none

3. (c) Social Security No. 510-16-0636

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased March (Month) 8 (Day) 1915 (Year)

8. AGE: Years 33 Months 12 Days 14 If less than one day hr. min.

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

10. Usual occupation Auditor

11. Industry or business Sacony Vaccium Company

FATHER
12. Name William Keyes 0
13. Birthplace Hardin (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louise Breshear
15. Birthplace Hardin (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mary Keyes
(b) Address 8209 Walnut, K.C.Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director R A Fulton
(b) Address Kansas City Kansas

19. (a) 5-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1948 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from May 26, 1947, to May 22, 1948, that I last saw him alive on May 22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive heart disease - Associated hypertension	12 mos +
Due to Essential hypertension	7 yrs +
Due to Terminal Bronchi - Pneumonia c̄ Acute Pleurisy (Bilateral)	10 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93 D

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Jos E Welker (M. D. or other) MD
Address 836 Prof Bldg Date signed 5/24/48
Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 M. M. Swisher

Licensed Embalmer No. 3505

P. O. Address Ne Kansas

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.