FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 35695

Registrar's No. 1193

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 407 North 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)
In this community: 32 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Josephm Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 407 North 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Thomas James McKeever
3. (b) If veteran, name war: None
3. (c) Social Security No.: 491-09-5286

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Wife
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: May 15, 1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 19 If less than one day ... hr. ... min.

9. Birthplace: Unknown (City, town, or county) Canada (State or foreign country)
10. Usual occupation: Salesman (Retired)
11. Industry or business: Unknown

MOTHER FATHER:
12. Name: Thomas McKeever
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
14. Maiden name: Mary O'Brien
15. Birthplace: Unknown (City, town, or county) Canada (State or foreign country)

16. (a) Informant: Mrs. Anna McKeever
(b) Address: 407 North 6th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/6/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Sidenfader
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 11-8-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th year 1948 hour II minute P. M.

21. I hereby certify that I attended the deceased from Nov 5th 48, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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:

23. Signature: F. W. Tadlock (M. D. or other) Coroner
Address: KING HILL BLDG. St Joseph, Mo. Date signed: 11-4-5

Jefferson City Printing Co. (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. Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.