

No. 300  
-10-47  
-17-39  
-PI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36657

State File No. \_\_\_\_\_

FILED NOV 16 1948

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 4406

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4216 CAMPBELL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4216 CAMPBELL  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NO

3. (a) PRINT FULL NAME MRS. MARY KEIZER

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife DELL KEIZER 6. (c) Age of husband or wife if alive DEC. years

7. Birth date of deceased SEPT. 16 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 1 11 hr. min.

9. Birthplace NEW JERSEY  
(City, town, or county) (State or foreign country)

10. Usual occupation HOME

11. Industry or business \_\_\_\_\_

12. Name J.K. HUDSON

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

14. Maiden name MARY SMITH  
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. EDWARD TANNER

(b) Address 6410 WASHINGTON

17. (a) BURIAL (b) Date thereof 11-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 10-29-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 27  
year 1948 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from about  
1946 to time of dec., 1948  
that I last saw her alive on Oct. 25, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to old age

Due to arteriosclerosis

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings: Of operations no 834

Of autopsy no

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? ( )

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wester J. Wilson Hester J. Wilson  
(M. D. or other) MD

Address Plaza Figue Bedg Date signed 10/28/48

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

MOTHER FATHER

Dr. H. Williams  
411 - Colman St. Rd.  
11:00

**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 Rahner H. Reed

Licensed Embalmer No. 3785

P. O. Address K. C. Me

**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.**