

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19623

2401

BIRTH NO. _____		REG. DIST. NO. <u>147</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>78 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		47			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Her Home (3421 Jefferson)</u>				d. STREET ADDRESS (If rural, give location) <u>3421 Jefferson</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u>			b. (Middle) <u>M.</u>		c. (Last) <u>KEELER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 1, 1864</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Modena, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Martin B. Keeler</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Schneider, 3421 Jefferson, K.C.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Broncho pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Neck of Right Femur</u>					<u>2 1/2 months</u>			
	DUE TO (c) <u>E 9030</u>								
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension</u>					<u>3 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City - Jackson 230 Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 10, 1949 - 5 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By a fall to the floor</u>					
22. I hereby certify that I attended the deceased from <u>March 10, 1949</u> , to <u>June 1, 1949</u> , that I last saw the deceased alive on <u>May 29, 1949</u> , and that death occurred at <u>4:25 P.m.</u> , from the causes and on the date stated above.									
23. SIGNATURE <u>Kenneth A. Davis</u> (Degree or title) <u>Kenneth A. Davis, M.D.</u>				23b. ADDRESS 201 <u>Plaza Theater Bldg</u> <u>Kansas City, Mo.</u>				DATE SIGNED <u>6-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/2/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>				
DATE REC'D BY LOCAL REG. <u>6-2-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, K.C., Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kenneth A. Davis  
Plaza Theatre Bldg.  
Lo. 1104

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Glenn E. Heck*

Licensed Embalmer No. 4063

P. O. Address R. E. Mo.

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

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