

FILED SEP 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26090
Registrar's No. 1002

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>219 North 8th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>219 North 8th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Edgar</u> c. (Last) <u>McKeehan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 29, 1882</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR <u>1</u> MONTHS <u>5</u> DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retail grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Rockville, Indiana /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Anderson B. McKeehan</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie May McKeehan</u>	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-30-9842</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hattie M. McKeehan, 219 N 8th St. Joseph</u>	
---	--	--	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation</u>		DUE TO (b) <u>marked Malnutrition</u>		<u>4 mo</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Probable Bronchietonia</u>		<u>Yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4343</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 1940, to date of death 1950, that I last saw the deceased alive on July, 1950, and that death occurred at 2:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M E Greaves M.D.</u>		23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>8-6-50</u>	
--	--	----------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) <u>removal</u>		24b. DATE <u>9/4/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highridge</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Sept. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neaton Bowman Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>	
---	--	--	--	---	--

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

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

working under my personal supervision.

Student Embalmer No.

Signed William Spalding

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S 10th, Wp

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.