

DESD MAY 16 1939

MISSOURI STATE BOARD OF HEALTH / BUREAU OF VITAL STATISTICS / CERTIFICATE OF DEATH

15255 / Do not use this space.

1. PLACE OF DEATH (a) County Johnson, (b) Township Columbus, (c) City, (d) Street No., (e) Length of residence in city or town where death occurred, (f) How long in U.S., if of foreign birth? 2. PRINT FULL NAME (a) Residence, No. 3525 Central, St. Kansas City, Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, 4. COLOR OR RACE White, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married, 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Lillian Keating, 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1883, 7. AGE YEARS 56, MONTHS, DAYS 6, 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney, 9. Industry or business in which work was done, as saw mill, bank, etc., 10. Date deceased last worked at this occupation (month and year), 11. Total time (years) spent in this occupation, 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland, 13. NAME Tom Keating, 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland, 15. MAIDEN NAME Unknown, 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland, 17. INFORMANT (ADDRESS) Mrs. Agnes Lillian Keating, 3525 Central, 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Maria, DATE May 6 1939, 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney & Phillips, Warrensburg, Mo., 20. FILED May 5 1939, Euba Gentry, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1939, 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19, I last saw him Sudden May 4 1939. Death is said to have occurred on the date stated above, at 5:30 P.M. The principal cause of death and related causes of importance were as follows: Crushed skull and mangled body, Date of onset, 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury May 4 1939, Where did injury occur? Highway 50, Pittsfield, Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Automobile accident, Nature of injury Crushed skull, 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W. S. Bradley, Coroner, M. D., (Address) Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

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no. 101 & 102, Exchange Building, Wellington

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15255-
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431

(b) Township Columbus Primary Registration District No. 3590

(c) City _____ (d) Street No. _____ Registered No. 57

(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.

(f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Dan J. Keating

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

I last saw h. _____ alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Crushed Skull Date of onset _____

and mangled body

Other contributory causes of importance: 1 1/2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury May 4, 1939

Where did injury occur Near Pittsville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Collision with truck

Nature of injury and motor car, both moving

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) T. L. Bradley Local Registrar

(Address) Warrensburg Mo

SUPPLEMENTARY

