

30 JUN 20 1939

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

18774

Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 380
(b) Township _____ Primary Registration District No. 4224 Registered No. 14
(c) City New Franklin (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 150 Mary Louise Kearney St. (If nonresident, give city or town and State)
New Franklin, Mo.
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 - 1922

7. AGE YEARS 16 MONTHS 5 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School (Student)
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) Apr. 4, 1939 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin, Mo.

FATHER 13. NAME Robert B. Kearney 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.

MOTHER 15. MAIDEN NAME Edna Jones 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Mrs. R. B. Kearney
New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant DATE 5/9/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. S. Klenker
New Franklin, Mo.

20. FILED 5-8- 19 39 Clara V. Randrow, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1939, to May 8, 1939
I last saw him alive on May 8 Death is said to have occurred on the date stated above, at 10:05 p.
The principal cause of death and related causes of importance were as follows:

Cerebrospinal meningitis meningococci Date of onset Apr 6 - 39

Other contributory causes of importance: 18

Name of operation Cerebral puncture Date of May 6 - 39
What test confirmed diagnosis? Leads, Dues Was there an autopsy? yes
Stov + Culture

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. S. Klenker, M. D.
979 (Address) New Franklin, Mo.

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.

RECEIVED
District Health Officer No. 8,
Service File Number
Date Filed 6/6/39

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 H. L. Hill

Licensed Embalmer No. 3515

P. O. Address Truitt Franklin

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.