

1868

JUL 17 1939

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

23495 / Do not use this space.

1. PLACE OF DEATH (a) County Vermont, (b) Township Washington, (c) City Granada, (d) Street No. State Hosp #3 Nevada Mo. St. 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 Emmett Keegan (a) Residence, No. Seneca Mo. St. (Usual place of abode, if no street address, write county or city) (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 Single 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1870? 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 7 7 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer 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) Kentucky 13. NAME Michael Keegan 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15. MAIDEN NAME Ellen Sullivan 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 17. INFORMANT (ADDRESS) Hosp Keegan 18. BURIAL, CREMATION, OR REMOVAL State Hosp #3 Nevada Mo June 20, 1939 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nevada Mo 20. FILED June 20, 1939 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1939 22. I HEREBY CERTIFY, That I attended deceased from 1-25-1939 to 6-19-1939 I last saw him alive on 6-19-1939. Death is said to have occurred on the date stated above, at 7 a. m. The principal cause of death and related causes of importance were as follows: Chronic Myocarditis & Hypertension Date of onset Other contributory causes of importance: Gangrene left foot and leg. Name of operation Amputation Date of 6-19-39 What test confirmed diagnosis? Was there an autopsy? Yes 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (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? If so, specify (Signed) J. P. Hays M. D. (Address) State Hosp Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK---IT PRESERVES A PERMANENT RECORD

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

1 X16603

13c

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1042

Date Filed 7-13-39

**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 Personal

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Lloyd K. Winicott

Licensed Embalmer No. 3857

P. O. Address Merada, Mo

**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.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

23495-  
Do not use this space.

1. PLACE OF DEATH

(a) County Levy Registration District No. 875-  
(b) Township Washington Primary Registration District No. 6162  
(c) City..... (d) Street No.....  
(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.

Registered No.....

2. PRINT FULL NAME Emmett Keegan

(a) Residence, No.                      St.                       
(Usual place of abode, if no street address, write county or city) (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 s  
*(Divorced write the word)*

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. min.  
69

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)

13. NAME

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

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

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-39

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19, 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:

Chronic Myo Carditis Date of onset  
hypertension

Other contributory causes of importance:

Gangrene left foot and

leg. Arteriosclerosis

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? Date of injury 19

Where did injury occur? (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?

If so, specify

(Signed) F. C. Long, M. D.

(Address) Newark, Mo

State Inst

SUPPLEMENTARY

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.

