DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31678
Registrar's No. 3776

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Weeks (Specify whether years, months or days)
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3524 College
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 13 years years.

3. (a) PRINT FULL NAME Bernard Teevan 150
3. (b) If veteran, name war No
3. (c) Social Security No. 487-03-0167
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Teevan
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Aug. 1, 1901 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38	1	27	hr. min.

9. Birthplace Co. Cavan Ireland (City, town, or county) (State or foreign country)
10. Usual occupation Car Inspector 5
11. Industry or business K C Public Serv. Co.
MOTHER FATHER
12. Name John Teevan 5
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Katherine Fitzpatrick
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Margaret Teevan
(b) Address 3524 College
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-39 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.
19. (a) 9/29/39 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1939 hour 10:20 a.m. M.
21. I hereby certify that I attended the deceased from July 11, 1939 to Sept 28, 1939 that I last saw him alive on Sept 28, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple Liver Abscess	1 Mo
Due to: Ruptured Appendix	
Complicated by Partial	
Due to: Thrombi Phlebitis	11 weeks
Other conditions: — (Include pregnancy within 3 months of death)	

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Major findings: Of operations Ruptured Appendix
Of autopsy Multiple liver abscess

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
While at work? — (Specify type of place) (e) Means of injury —
23. Signature W. Connelly Anderson M.D. (M. D. or other)
Address 6520 Independence Ave Date signed 9/29/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 important.

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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 Thomas E. Cook

Licensed Embalmer No. 3775

P. O. Address Kansas City, 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.