

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

32225
 Do not use this space.

REC'D OCT 10 1939

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 3014
 (c) City Jefferson City, Mo. (d) Street No. 916 Moreau Drive 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 Mary Jane Keane

(a) Residence, No. 916 Moreau Drive St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6/39 1939

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1854

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:15 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 11 23

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

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

Date of onset 1935
131
Pneumonia nephritis
 Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) Chicago, Ill (STATE OR COUNTRY)

FATHER 13. NAME Owen Flannagan

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

MOTHER 15. MAIDEN NAME Maryn Wood

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

17. INFORMANT (ADDRESS) Mrs. W. L. Hager
916 Moreau Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 9/8/39 1939

19. FUNERAL DIRECTOR (NAME) John E. Heinrichs (ADDRESS) Jefferson City, Mo.

20. FILED 9/6/39 1939 James J. Keane Local Registrar

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) W. L. Hager, M. D.
 (Address) 111

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26
3
5

JAN 27 1948

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.....

John F. Hinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson 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.