

REC'D OCT 10 1939

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

32231

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Jefferson City Primary Registration District No. 3014 Registered No. 224
 (c) City Jefferson City (d) Street No. 712 West Main 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 Mrs. Ellen Kierns

(a) Residence, No. 712 W. Main 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 Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1937, to 9-27, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1850

I last saw her alive on 9-29, 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 6 12

Atherosclerosis
Chronic Endocarditis
Chronic Myocarditis
Pneumonia
 Date of onset 1937
1937
1937
9-26-39

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

Other contributory causes of importance:
924

12. BIRTHPLACE (CITY OR TOWN) Tipperary, Ireland. (STATE OR COUNTRY) 5

FATHER 13. NAME James Connors
 14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 5

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER 15. MAIDEN NAME Catherine Curran

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

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.

17. INFORMANT Mrs. Jack Bruns (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE St. Peter's DATE Sept. 29, 39

Manner of injury _____
 Nature of injury _____

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

20. FILED 9/27/1939 10/11 (Address) Jefferson City, Mo.
 Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) D. Williams, M. D.
Jefferson City, Mo.

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

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.....

John F. Heinrichs

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

working under my personal supervision.

Signed.....

John F. Heinrichs

..... 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.