

FILED FEB 24 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 147
Registrar's No. 1997

Registration District No. 147 Primary Registration District No. 5211

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Everett Twp.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 500
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Rural - Everett Twp.
(d) Street No. Liste Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME JOHN KANE
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 5th
year 1940 hour 9:00 minute 0 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Kane 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 16 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-5-40
_____ 1940, to 2-5-40, 1940
that I last saw him alive on 2-5-40
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 2 Days 19
If less than one day hr. _____ min. _____

Immediate cause of death Crushing injury across base of left chest (falling tree) Duration 2 hrs
Due to _____

9. Birthplace Cass Co Mo.
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (include pregnancy within 3 months of death) 1st H 10

10. Usual occupation farmer

11. Industry or business _____

12. Name John Kane

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ann Jane Nesmith

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Ms. Martha Kane
(b) Address Liste Mo.

17. (a) burial (b) Date thereof Feb 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director HARRISONVILLE, MO.
(b) Address _____

19. (a) 2-6-40 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

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) accident
(b) Date of occurrence Feb 5, 1940
(c) Where did injury occur? 5 miles So. East Freeman, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm - cutting trees
While at work? yes (e) Means of injury hit by falling tree
23. Signature Beversley M. D. (M. D. or other)
Address Harrisonville Mo. Date signed 2-6-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19

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 _____

Ernest R. Runnburger

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville, 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.