

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 19

1. PLACE OF DEATH:

(a) County RANDOLPH
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wabash Employees Hospital. D
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Patrick J. Keane

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W. 2.

6. (b) Name of husband or wife Mary Keane 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 29 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace WV 6 9
(City, town, or county) (State or foreign country)

10. Usual occupation Police Crossing Watchman

11. Industry or business Wabash R R

MOTHER FATHER { 12. Name John Keane

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Tanbady

15. Birthplace Ireland 6
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Keane

(b) Address 300 Belt Ave. St Louis Mo

17. (a) Removal (b) Date thereof Jan 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo

18. (c) Signature of funeral director Arthur Dannelley and Co
(Specify type of place)
While at work? _____ (d) Means of injury _____

(b) Address St Louis, Mo
 19. (a) Jan 15 41 (b) Paul Williams
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town St Louis 000
(If outside city or town limits, write "RURAL") 17
 (d) Street No. 300 Belt Ave 9
(If rural, give location) 1
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 12
 year 1941 hour 5:50 minute A.M.

21. I hereby certify that I attended the deceased from Aug 29, 1940 to JAN 12, 1941; that I last saw him alive on JAN 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho - PNEUMONIA Duration 1WK.

Due to Senility

Due to _____
 Other conditions (include pregnancy within 3 months of death) 101

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
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?
925

23. Signature P. S. Kwiatkowski (M. D. or other) D
 Address Moberly, Mo. Date signed 1-12-41

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

78
6
3

RECEIVED

District Health Officer No. 10

District File Number 2-41-424

Date Filed FEB 19 1941

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.....

Floyd Black

Licensed Embalmer No.....

3735

P. O. Address.....

St Louis 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.