

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13802
Registrar's No. 22

Registration District No. 30

Primary Registration District No. 3003

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 6th. St. /
(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 John Joseph Kane

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna T. Kane 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 6, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 24 hr. min.

9. Birthplace Scranton, / Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business _____

MOTHER FATHER { 12. Name James Kane
13. Birthplace Mayo County / Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Clark
15. Birthplace Mayo County / Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Kane.
(b) Address 401 6th. St. Monett, Mo.

17. (a) Burial (b) Date thereof May 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery.

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) 5-2-1941 (b) W.M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 401 6th. St. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30
year 1941 hour 7:15 minute AM M.

21. I hereby certify that I attended the deceased from 4/30/41
19____ to 4/30/41 19____;
that I last saw him alive on 4-30-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary disease
Cum angina pectoris
primary attack
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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) _____
(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? 3!
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature T. J. Moennighoff (M. D. or dentist)
Address Monett Date signed 5/1/41

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

RECEIVED
District Health Officer
District File Number 541-804
Date Filed MAY 15 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 _____

J. P. Buchanan _____, Registered Apprentice No. _____
working under my personal supervision.

Signed: *J. P. Buchanan* _____

Licensed Embalmer No. *3179* _____

P. O. Address *Mount Pleasant* _____

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.