

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

13972

Registration District No. 35 Primary Registration District No. 1001 State File No. \_\_\_\_\_ Registrar's No. 453

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution St. Joseph's Hospital  
(d) Length of stay: In hospital or institution 9 days  
In this community 83 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 1011 Colby St 7  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Patrick J. Craney  
3. (b) If veteran, name war none  
3. (c) Social Security No. own

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 23  
year 1941 hour 3 minute 00 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bridget A. 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased: November 10 1857

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1941 to Apr 23, 1941.  
that I last saw him alive on Apr 23 and that death occurred on the date and hour stated above.  
Immediate cause of death: Diab. mel. Duration 1935

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: Ch. Myocard.  
(Include pregnancy within 3 months of death)

9. Birthplace St. Joseph Missouri  
10. Usual occupation Retired  
11. Industry or business Suppl. in P. R.  
12. Name Patrick J. Craney  
13. Birthplace Ireland  
14. Maiden name McQuinn  
15. Birthplace Ireland  
16. (a) Informant Kathleen Craney  
(b) Address 1011 Colby St.  
17. (a) Burial (b) Date thereof Apr 25-1941  
(c) Place: burial or cremation St. Albans  
18. (a) Signature of funeral director Lucy Barry  
(b) Address 118 South 10th St. St. Joseph Mo.  
19. (a) April 25-1941 (b) W. H. [Signature]

Major findings: \_\_\_\_\_  
Of autopsy none

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(b) Means of injury \_\_\_\_\_  
23. Signature Frank [Signature] (M. D. or other) \_\_\_\_\_  
Address Empire [Address] Date signed 4/24/41

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

**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

*B. J. Brentlinger*

Licensed Embalmer No.

*4201*

P. O. Address

*St. Joseph, 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, fact should be so stated above.**

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:  
 (a) County BUCHANAN  
 (b) City or town ST. JOSEPH  
 (c) Name of hospital or institution: ST. JOSEPH HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 da.  
 In this community Life  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Patrick J. Craney  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. None

4. Sex male 5. Color Wh. 6. (a) Single, widowed, married, divorced Mar.  
 6. (b) Name of husband or wife Bridget A. Nov. 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased Nov. 10 1857  
 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 13  
 If less than one day \_\_\_\_\_ min.

9. Birthplace St. Joseph, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Burlington R. R.

12. Name Patrick J. Craney

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

14. Maiden name ?

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

16. (a) Informant Nathleen Cusick

(b) Address 1011 Corby St.

17. (a) Burial (b) Date thereof 4-25-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Tracy Barry

(b) Address 218 S. 10th St.

19. (a) 4-25-41 (b) H. J. Nestlebusch  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1011 Corby St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
 year 1941 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 15, 1941 to April 23, 1941  
 that I last saw him alive on April 23, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration 19.35

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Chronic Myocarditis  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Frank N. ... M.D. (M.D. or other)

Address KIRKPATRICK BLDG. Date signed 4-20-41

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

S-13972

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**