

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 10 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24155

Registrar's No. 2694

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

48
3
8

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St Marys Hospital
(d) Length of stay: In hospital or institution 7/18/41-7/18/41
In this community Non Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy
(c) City or town Princeton
(d) Street No. Linell ave
(e) Citizen of foreign country? NO (Yes or No)

3. (a) PRINT FULL NAME JNO Keating

3. (b) If veteran, name war None 3. (c) Social Security No. 708-10-7893

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

6. (b) Name of husband or wife Nellie Keating 6. (c) Age of husband or wife if alive 58

7. Birth date of deceased Jan 31 1881

8. AGE: Years 60 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Princeton MO

10. Usual occupation conductor

11. Industry or business CR & P

12. Name John Keating

13. Birthplace Cork Ireland

14. Maiden name Marie Askegrah

15. Birthplace Dover Knob VA

16. (a) Informant Mrs Jno Keating

(b) Address Princeton MO

17. (a) Removal (b) Date thereof 7-20-41

(c) Place: burial or cremation Princeton MO

18. (a) Signature of funeral director Judson French

(b) Address Princeton MO

19. (a) July 18 1941 (b) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1941 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from 6/10, 1941, to 7/18, 1941; that I last saw him alive on 7/18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Duration 3 mos +

Due to Localized Peritonitis 6 days.

Due to HLA

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

Major findings: Of operations Coronary Artery Of autopsy Localized Peritonitis

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? —

(Specify type of place) (e) Means of injury —

23. Signature Judson French (M. D. or other) 0

Address 144 Medical Center Bldg Date signed 7/18/41

AUG 26 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.....

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.