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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32673

State File No.

Registrar's No.

3928

FILED NOV 9 1942  
Registration District No. 129

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1227 Jefferson St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 1227 Jefferson St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mrs. Kate Creahan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Matthew Creahan 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 17, 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 7 If less than one day hr. min.

9. Birthplace County Clare, Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Michael Riedy  
13. Birthplace County Clare, Ireland  
14. Maiden name Bridget Welch  
15. Birthplace County Clare, Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Lyons

(b) Address 5405 Forest Ave.

17. (a) Burial (b) Date thereof Oct. 26, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (e) Signature of funeral director Thomas E. Quirk Funeral Home

(b) Address 70 1/2 N 742 1/2 St. 4518 Troost Ave.

19. (a) (Data received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th.  
year 1942 hour 8.05 A.M. minute  M.

21. I hereby certify that I attended the deceased from June 10  
1942 to Oct 23 1942  
that I last saw her alive on Oct 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Suppression of urine

Due to Hypertension & Chronic nephritis

Due to 12/13

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

Major findings: Of operations no operation  
Of autopsy none

Duration  
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 J. H. Curran (M. D. or other)  
Address 624 Rault Blvd. St. Louis Date signed 10-24-42

**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 *Thomas E. Jewell* .....

Licensed Embalmer No. *3775* .....

P. O. Address. *R. E. M.* .....

**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.**