V. S. No. 2
0M—9-4-41
Rev. 5-17-39
EPI X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9775

FILED APR 8 1943

Registration District No. 46

Primary Registration District No. 4066

Registrar's No. 9

13
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Kingston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Kingston
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country —

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0

3. (a) PRINT FULL NAME Alkie Valter Kearney

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rogella Kearney

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) - 10 (Day) - 1872 (Year)

8. AGE: Years 70 Months 10 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Caldwell County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business .....

FATHER
12. Name Samuel G. Kearney
13. Birthplace Loudoun Co (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Emily J. Owen
15. Birthplace Barren Co (City, town, or county) Kentuckey (State or foreign country)

16. (a) Informant Rogella Kearney
(b) Address Kingston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Kingston Cemetery

18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Missouri

19. (a) 2-24-43 (Date received local registrar) (b) Mrs Vivian Bridgewater (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from January 4th 1943 to February 3, 1943 that I last saw him alive on February 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Stomach

Due to Obstruction of Biliary ducts causing

Due to much jaundice

Other conditions Arteriosclerosis - 46
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Stomach at Cancer Hospital Columbia Mo

Of autopsy None

Duration: about 1½ yrs

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)

While at work? ..... (e) Means of injury —

23. Signature W. S. Thouse (M. D. or other)

Address Kingston Mo Date signed 2-4-43

(Licensed Embalmer's Statement on Reverse Side)

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.