

FILED AUG 5 1948

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2739 Penn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2739 Penn
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Bernadette Keane

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1943 hour 1 minute P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles S. Keane

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

7. Birth date of deceased: June 22 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 26 1943 to June 27 1943
that I last saw him alive on June 27 1943
and that death occurred on the day and hour stated above.

8. AGE: Years 64 Months 0 Days 5 If less than one day
hr. min.

Immediate cause of death hypertension
Cardiovascular renal disease

Duration _____

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

Due to _____

Due to _____

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

10. Usual occupation Housewife

Major findings: 13/a

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Joseph Quinlivan

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Mildred E. Keane

(b) Address 2739 Penn, St. Joseph, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof June 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(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? _____

18. (a) Signature of funeral director Herman W. Siderfaden

(b) Address 1802 Union St. Joseph, Mo.

19. (a) 6-30-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address 620 S. Union Date signed 6-28-43

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

11
1
7

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

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

John L. Hurley

Licensed Embalmer No. *4050*

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.