

Registration District No. 42

Primary Registration District No. 1000

State File No. _____

Registrar's No. 704

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sisters Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Troy
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 6 minute 00 PM.
21. I hereby certify that I attended the deceased from June 4
1943 to June 4 1943
that I last saw h. alive on June 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chronic +

Due to Cerebral thrombosis

Due to _____

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

Major findings:
Of operations None
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? _____
(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)
(e) Means of injury MI

23. Signature Paul Jurginowicz (M. D. or other) MI
Address St. Joseph, Mo Date signed 6-8-43

3. (a) PRINT FULL NAME Francis Patrick McKernan

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

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

6. (b) Name of husband or wife Della R. McKernan 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 3, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 1 hr. min.

9. Birthplace Troy Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer -retired-

11. Industry or business General farm

12. Name Patrick McKernan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Rose Anna O'Riley

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Della R. McKernan

(b) Address Troy Kans

17. (a) removal (b) Date thereof 6-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Banning Kans

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th + Saragoy St. St. Joseph, Mo.

19. (a) 6-5-43 (b) Rose Helzog
(Date received local registrar) (Registrar's signature)

1233

(Licensed Embalmer's Statement on Reverse Side)

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

Duration
5 yrs
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

MAY 25 1943

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..... *H. Dadds* 3023 M
Licensed Embalmer No..... *1676* Kans
P. O. Address..... *Wathena*

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.