

U.S. No. 100-5-17-3
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JUL 17 1948
 FILED JUL 11 1948

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25654

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 97

1. PLACE OF DEATH:
 (a) County: Madaway
 (b) City or town: Manassett, Mo.
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: None
 In this community: 46 62 yrs.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Madaway
 (c) City or town: Manassett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 515 North Sanders
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: John James Kegin
 3. (b): If veteran name war: _____
 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June 17
 year 1943 hour 6:45 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on June 17, 1943
 and that death occurred on the date and hour stated above.

4. Sex: M 5. Color or race: W
 6. (a) Single, widowed, married, divorced: M
 6. (b) Name of husband or wife: Mary Kegin
 6. (c) Age of husband or wife if alive: 69 years
 7. Birth date of deceased: Feb 4 1869
 (Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion
Chronic Myocarditis
 Due to: _____
 Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
74 4 3 _____ hr. _____ min.

9. Birthplace: Blue Springs Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation: Paper Worker

11. Industry or business: _____

MOTHER FATHER
 12. Name: John Kegin
 13. Birthplace: Madison Wisconsin
 (City, town, or county) (State or foreign country)
 14. Maiden name: Jane
 15. Birthplace: Madison Wisconsin
 (City, town, or county) (State or foreign country)

16. (a) Informant: W. E. Kegin
 (b) Address: 621 E. 4th St

17. (a) Burial (b) Date thereof: 6-19-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Pamphill Funeral Home
 (b) Address: Manassett, Mo.

19. (a) 6-21-43 (b) man coile
 (Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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: _____

23. Signature: W. E. Kegin (M. D. or other)
 Address: Manassett, Mo. Date signed: 6-18-43

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

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

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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..... *William Campbell*
Licensed Embalmer No..... *2670*
P. O. Address..... *Marshall 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.