FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1945

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17500-A

Primary Registration District No. 1000

Registrar's No. 1346

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

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: 2126 South 11th St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 53 years

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. 2126 South 11th St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Margaret Kilkenny
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Thomas W.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 15, 1869 (Month) (Day) (Year)
8. AGE: Years 74 Months 8 Days 18 If less than one day hr. min.
9. Birthplace: Cincinnati, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: home
FATHER 12. Name: Patrick Connaghan
FATHER 13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Anne Earley
MOTHER 15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Fred Doolan
(b) Address: 2126 So 11th, St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-6-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 3-29-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour 8 minute 50 P M.
21. I hereby certify that I attended the deceased from May 1, 1944, to May 3, 1944; that I last saw her alive on May 3, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of liver	1 yr?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): X	
Major findings: Of operations: X	
Of autopsy: X	

PHYSICIAN — Underline the cause of 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: Cabran Worthley (M. D. ~~or other~~) M.D.
Address: 731 Faraon St Date signed: 5-4-44 St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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 Mollie E. Sidenfaden

Licensed Embalmer No. 4235

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.