

FILED APR 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. **10461**

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
322 No Williams /
(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)

3. (a) PRINT FULL NAME William J. McKeough

3. (b) If veteran, name war 3. (c) Social Security No.

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

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

7. Birth date of deceased June 2nd 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Patrick McKeough

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

14. Maiden name Margaret Kennedy

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

16. (a) Informant Mrs. N. J. Christian

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof 3-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahawand Sen

(b) Address Moberly Mo

19. (a) March 25-46 (b) Paul Sheehan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Moberly
(If outside city or town limits, write "RURAL")
 (d) Street No. 322 No Williams
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
 year 1946 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from March 18th, 1946 to March 23, 1946
 that I last saw him alive on March 22, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Lobar
 Duration 7 day

Due to _____
 Due to _____

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

Major findings:
 Of operations 106
 Of autopsy no

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?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature W. H. Meisel (M. D. or other) D
 Address Moberly Mo Date signed 3/28/46

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

100 0 69-X
88
6
3
53874

269

APR 10 1946

RECEIVED

District Health Officer No. 10

4-10-46

APR 10 1946

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 Frank D. D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.