

S. No. 2
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5-17-39
1 X3587

Kern 15649

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 3 1946

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: St. Vincent's
(If not in hospital or institution, write street number or location)

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

In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence 55

(c) City or town Pierce City mo
(If outside city or town limits, write "RURAL")

(d) Street No. South P.C.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edward Moses Kane

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

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Jan. 12 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Scranton Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation F. farmer

11. Industry or business _____

12. Name James P. Kane

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

14. Maiden name Sarah Elora

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

16. (a) Informant Sarah Kane

(b) Address Pierce City mo

17. (a) Burial (b) Date thereof 4-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick's Cemetery

18. (a) Signature of funeral director Wm. West

(b) Address Pierce City mo

19. (a) 4-30-46 (b) W. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 46 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 25, 1946 to April 27, 1946; that I last saw him alive on April 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension (108) Duration 3 hrs

Due to Hemorrhage cerebral (cerebral center) 10 hrs

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

Major findings:
Of operations _____
Of autopsy 830

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) (City or town) (County) (State) (M. B. or other)

23. Signature Frank Kern (M. B. or other)
Address Monett Mo Date signed 4/27/46

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

14561

RECEIVED

District Health Officer No. 6,

District File Number 546-600

Date Filed MAY 15 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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville 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.