

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13855

State File No. _____

Registration District No. 156

Primary Registration District No. 2011

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Freeman 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 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Penn. (b) County 999

(c) City or town Philadelphia
(If outside city or town limits, write "RURAL") 36

(d) Street No. _____
(If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Bernard Joseph Kearney

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 Married

6. (b) Name of husband or wife Helen Kearney

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased March 1 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business ELECTRICAL

12. Name Bernard Kearney

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

14. Maiden name Catherine Boyle

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

16. (a) Informant John Patrick Kearney

(b) Address Essington, Penn.

17. (a) Removal (b) Date thereof 3/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia, Pa.

18. (a) Signature of funeral director Hurlbut Und. Co

(b) Address Joplin, Mo.

19. (a) 3/25/47 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1947 hour 4:15 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Mar 17 1947 to Mar 23 1947
that I last saw h. in alive on Mar 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Virus pneumonia

Due to _____

Due to _____

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

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? _____

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

23. Signature Reginal E. [unclear] (M.D. or other) _____
Address Joplin Mo Date signed 3-28-47

Duration 2wk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

47-3-353

AUG 4 1948

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

Henry K. Zuercher

Licensed Embalmer No.

959

P. O. Address

Opheim Hill

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.