

FILED APR 18 1947
Registration District No. 277

Primary Registration District No. 5933

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Longwood township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All her life years, months or days)

3. (a) PRINT FULL NAME Maggie Elizabeth Kearney

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 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 March 8th, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days II If less than one day hr. _____ min.

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

10. Usual occupation House keeper

11. Industry or business _____

MOTHER FATHER

12. Name John Kearney

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

14. Maiden name Mary E. Hinton

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

16. (a) Informant Sam Kearney

(b) Address Houstonia, Mo.

17. (a) Burial (b) Date thereof Mar. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kearney cemetery

18. (a) Signature of funeral director Campbell Runk

(b) Address Marshall, Mo.

19. (a) Mar 22, 1947 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Longwood township 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 6, 1947, to Mar 19, 1947,
that I last saw him alive on Mar 19, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Pneumonia Duration 14 days

Due to _____

Due to _____

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

Major findings: Of operations 106

Of autopsy _____

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? _____

(Specify type of place) _____ (e) Means of injury 0

While at work? _____

23. Signature John M. Reich (M. D. or MD)
Address Houstonia, Mo. Date signed 3-21-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

4-16-47

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 James H. Bessie

Licensed Embalmer No. 1171

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.