. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38654

FILED DEC 9 1947

Registration District No. 1946 Primary Registration District No. 2001 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 48 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1031 Sargeant Ave; (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME Charles E. Kernaghan
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widower 2
6. (b) Name of husband or wife Nettie Kernaghan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 15, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	15	hr. min.

9. Birthplace Fairgrove Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Carpenter & Contractor
11. Industry or business
FATHER
12. Name Jessie D. Kernaghan
13. Birthplace Penn; (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Elizebeth Ray
15. Birthplace Missouri. (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. L.A. Bauer
(b) Address 2329 Ky. Ave; Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 9-30-47 (Date received local registrar) (b) Dolores Lamphins D.R. (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 30, day 1947
year hour 1-30 A.M. minute M.
21. I hereby certify that I attended the deceased from May 9th, 1946, to Sept 29, 1947;
that I last saw him alive on Sept 29, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute pulmonary Edema	2 days
Due to Acute anemia	8 days
Due to Metastasizing Ca of Prostate	May 1946
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca of Prostate
Of autopsy not done

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 0
23. Signature [signature] (M. D. or other)
Address 518 Frisco Bldg Joplin Mo. Date signed 9-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-897

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.....

Licensed Embalmer No.....

P. O. Address.....

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.