

No. 2  
-5-43  
-17-39  
X38671

FILED OCT 26 1948

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **316**

1. PLACE OF DEATH:  
 (a) County **CAPE GIRARDEAU**  
 (b) City or town **CAPE GIRARDEAU**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **HOME 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)  
 In this community **4 YEARS**

3. (a) PRINT FULL NAME **JAMES 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 **NADINE** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **JAN - 9 - 1889**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **5** Days **5**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **IRONWOOD MICHIGAN**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CONTRACTOR**

11. Industry or business **ROAD BUILDER**

12. Name **JAMES KEARNEY**

13. Birthplace **ISHPEMING MICH.**  
(City, town, or county) (State or foreign country)

14. Maiden name **EILLEN GANFIELD**

15. Birthplace **ISHPEMING MICH.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **JERRY KEARNEY**

(b) Address **DALLAS TEX.**

17. (a) **BURIAL** (b) Date thereof **10-18-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST MARYS, GEM**

18. (a) Signature of funeral director **Walthers Funeral Home**  
 (b) Address **Loane Girardeau Mo.**

19. (a) **10-18-48** (b) **C.C. Summers**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **CAPE GIR**  
 (c) City or town **CAPE GIRARDEAU, Mo.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **831 NORTH ST**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **16**  
 year **1948** hour **6** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Oct 16, 1948** to **Oct 16, 1948**  
 that I last saw him alive on **Oct 16, 1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis & myocardial infarction**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **AK**

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)  
 (e) Means of injury **0**

23. Signature **J.H. Kern** (M.D. or other) \_\_\_\_\_  
 Address **Cape Girardeau, Mo.** Date signed **10/18/48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED

Health Officer No. 4

1048-13

10-25-48

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 *Virgil W. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau - 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.