

REC'D JUN 9 1938

MISSOURI-STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17332
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K. C. Mo. (d) Street No. St. Joseph Hospital Registered No. 2029
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Katherine Neenan 550
 (a) Residence, No. 4550 Mill Creek St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Neenan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Axtell, Kansas

FATHER 13. NAME Patrick Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT James M. Neenan
 (ADDRESS) 4550 Mill Creek

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE May 17, 1938

19. FUNERAL DIRECTOR Wagner Funeral Home
 (ADDRESS) Kansas City, Mo.

20. FILED May 16 1938 M. M. Cronin
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY That I attended deceased from May 11th 1938 to May 15th 1938.
 I last saw her alive on May 15th 1938. Death is said to have occurred on the date stated above, at 10:00 m. pm
 The principal cause of death and related causes of importance were as follows:

Toxic nephritis Date of onset 5/12/38
36
 Other contributory causes of importance:
Pneumococcus
Septicemia 5/9/38

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Paul V. Cronin M. D.
 (Signed) (Address) 1402 Bryant Bldg

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)