

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24539

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Rau Primary Registration District No. 1002 Registered No. 3044
 (c) City Louisville (d) Street No. 410 East 43rd. St.
 (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 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Louise S. Mac Mahon No. 255
 (a) Residence, No. 410 East 43rd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred A. Mac Mahon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1866</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	If LESS than 1 day, hrs. or min. <u>45</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Mr. Harp</u>
	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)	<u>Chicago Ill</u>	
FATHER	13. NAME	<u>Anton H. Voortman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Amsterdam Holland</u>
MOTHER	15. MAIDEN NAME	<u>Unk. Weinrich</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Amsterdam Holland</u>
17. INFORMANT (ADDRESS)	<u>Mrs. Christine Mc Mahon</u> <u>1121 Valentine Rd.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Forest Hill</u>	DATE <u>Aug 1, 1938</u>
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>D. W. Newcome</u> <u>Banishcreek & Paaco</u>	
20. FILED	<u>July 30, 1938</u>	<u>M. M. Croome</u> Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 3, 1938, to July 22, 1938
 I last saw her alive on July 22, 1938. Death is said to have occurred on the date stated above, at 745A.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach

Date of onset 1937

Other contributory causes of importance:

Name of operation Exploration Date of Apr 1938
 What test confirmed diagnosis? Operation Was there an autopsy? No

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? No
 If so, specify _____

(Signed) Rae H. Hays M.D.
 (Address) 315 Blahesa Road

George M. Bell
315 Alameda Rd

2130 - 430

Va. ~~6947~~ 6947

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,

George M. Collier, or by

Registered Apprentice No....., working under my personal supervision.

Signed George M. Collier
Licensed Embalmer No. 3839

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, above space should be left blank.