

19 JUN 24 1939

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

20051
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 875

(b) Township Washington Primary Registration District No. 6107 Registered No. 131

(c) City Warrensburg (d) Street No. State Hosp #3 Nevada St.

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 460 Ambrose Daly

(a) Residence, No. Warrensburg St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miss Ellen Daly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1859

7. AGE YEARS 80 MONTHS 3 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker & Farmer

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) unknown 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Mo

FATHER 13. NAME James Daly 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Ellen O'neal 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg Mo DATE May 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Exchange Inn Home Nevada

20. FILED 5-21, 1939 Allen E. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939 to May 19, 1939

I last saw him alive on May 18, 1939. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Cerebral Arteriosclerosis with psychosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) A. J. Roy, M. D.

(Address) State Hosp #3 Nevada

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16005

RECEIVED

District Health Officer No. 7,

District File Number 7-25-885-

Date Filed 6-6-39

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.....

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

Signed Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Merada 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, above space should be left blank.