

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33328Registration District No. 735Primary Registration District No. 3034Registrar's No. 182

1. PLACE OF DEATH:

- (a) County Randolph OCT 18 1939
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
-
- (Specify whether

In this community _____
years, months or days)8. (a) PRINT FULL NAME Agnes McNamara 55

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased No data
(Month) (Day) (Year)8. AGE: Years 62 Months _____ Days _____ If less than one day hr. _____ min. _____9. Birthplace Iowa
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

12. Name John McNamara13. Birthplace Conn.
(City, town, or county) (State or foreign country)14. Maiden name Bridget Frawley15. Birthplace Conn.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. J. O. Sheahan(b) Address Moberly Mo.17. (a) _____ (b) Date thereof Sept 29 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairfield Iowa18. (a) Signature of funeral director Mahan and Son(b) Address Moberly Mo.19. (a) Sept. 29 '39 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph(c) City or town Moberly
(If outside city or town limits, write "RURAL")(d) Street No. 514 Hogan Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th
year 1939 hour 4 minute 05 a.m.21. I hereby certify that I attended the deceased from 9/27
1939, to 9-27-1939that I last saw her alive on 9/27, 1939
and that death occurred on the date and hour stated above.Immediate cause of death _____
Cerebral Hemorrhage. Duration _____Due to arterial sclerosis
(general)

Due to _____

Other conditions no
(Include pregnancy within 3 months of death)Major findings: no

Of operations _____

Of autopsy none

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

28. Signature Paul Adams (M. D. or other) MAAddress Moberly Mo Date signed 9/29/39

RECEIVED

District Health Officer No. 10

District File Number *10-39-1838*

Date Filed *OCT 11 1939*

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..... *Frank W O'Walt*

Licensed Embalmer No. *3021*

P. O. Address..... *Moberly 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.