

Registration District No. 490

Primary Registration District No. 5653

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Waukegan
(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 2 weeks
In this community St Charles, Mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County Lincoln
(c) City or town Waukegan
(If outside city or town limits, write "RURAL")
(d) Street No. Near Whiteside Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John H. Maher 600

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

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann Maher
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Dec - 27 - 1885
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 29
If less than one day hr. _____ min.

9. Birthplace Lynch Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry of business _____

MOTHER FATHER
12. Name James Maher
13. Birthplace Unknown
(City, town or county) (State or foreign country)
14. Maiden name Fannie Rebs
15. Birthplace Lincoln Co. Mo.
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Ann Maher
(b) Address Whiteside, Mo.

17. (a) Burial (b) Date thereof Nov 27 - 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Millwood

18. (a) Signature of funeral director Feather Carr
(b) Address Siles, Mo. 470

19. (a) 12-22-39 (b) O. H. Dameron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 21
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1st 1938 to Dec - 21 - 1939
that I last saw him alive on Dec - 15 - 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Stomach
Due to _____
Due to Hb

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Cancer of Stomach
Of operations _____
Of autopsy no

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 _____

23. Signature O. H. Dameron (M. D. or other) 1
Address Siles, Mo. Date signed 12-22-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 me

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

Signed W. R. Sammons

Licensed Embalmer No. 2251

P. O. Address Sibley 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.