

FILED MAR 14 1940

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BOTHWELL HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 HRS.  
(Specify whether  
In this community 60 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits write "RURAL")  
(d) Street No. 505 West 7th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME CHARLES FRANCIS McCLOSKEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-07-5492

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY ELLEN McCLOSKEY 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased OCT. 15 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 3 28 hr. min.

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

10. Usual occupation salesman

11. Industry or business Retail furniture store

12. Name CHARLES McCLOSKEY

13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

14. Maiden name BRIDGET O'SHUGHNESSY

15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. F. McCloskey

(b) Address 505 West Seventh

17. (a) BURIAL (b) Date thereof 2-15-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo 906

19. (a) 2-14-40 (b) Mrs. Harry Sneed  
(Date received local Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1940 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 11/15 1938 to Feb 13 1940 that I last saw him alive on Feb 12 11 pm 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism

Due to Sluggish circulation  
bronchopneum. 2 days

Due to hypertension

Other conditions Diabetes Mellitus 5 yrs  
Pericardial Disease?

Major findings: Of operations \_\_\_\_\_  
Of autopsy 59

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 Frank B. Long (M. D. or other) ✓  
Address Sedalia, Mo. Date signed 2/15/40

Duration from 11/15 1938 to 2/13 1940  
PHYSICIAN  
Underlines the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-12-40

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

*Ralph E. Baker*

Licensed Embalmer No.

*2419*

P. O. Address

*Seattle*

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.