

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

APR 17 1940 MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10042

State File No. \_\_\_\_\_

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Audrain  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Audrain Hospital  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution 6 days  
 (Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
 (c) City or town Mexico  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 315 S. Trinity St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bertha Mahaney EST

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security 491-05-7314

4. Sex Female 5. Color or race Colored 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 July 15 1890  
 (Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>49</u> | <u>8</u> | <u>23</u> | _____ hr. _____ min. |

9. Birthplace Callaway County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Returant

MOTHER FATHER { 12. Name Steve Mahaney  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Julia Roberts  
 15. Birthplace Callaway County, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature April Green  
 (b) Address Martinsburg, Mo.

17. (a) Burial (b) Date thereof April 11, 40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Tul 2  
 (b) Address Mexico, Mo.

19. (a) April 10 (b) Blanche Neely  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9  
 year 1940 hour 8:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 3-26-40  
4-9, 1940, to \_\_\_\_\_, 1940;  
 that I last saw h. alive on 4-9, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus Duration \_\_\_\_\_  
Septicemia

Due to Infected gall bladder  
 Due to about 22 days

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

23. While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature A. L. Belton (M. D. or other) \_\_\_\_\_  
 Address Mexico, Mo Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

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

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

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**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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10042

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Mexico  
(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)

3. (a) PRINT FULL NAME

Bertha Mahaney

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

4. Sex F 5. Color or race col 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 8 23 hr. min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus  
Septicemia

Due to infected gall bladder  
abt 22 days

Due to Chronic gall bladder  
infected previous  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
attacks n.m.d.

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature H. J. Estess (M. D. or other) \_\_\_\_\_

Address Mexico Date signed \_\_\_\_\_

SUPPLEMENTARY

S-10042 1940