

FILED APR 8 1940

Registration District No. _____

Primary Registration District No. 3032

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(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 1/2 hours
(Specify whether _____)
In this community 37 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 223 north main st.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Georgina Monaghan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 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 Aug 31 - 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Pike MO
(City, town, or county) (State or foreign country)

10. Usual occupation Rooming house

11. Industry or business _____

MOTHER FATHER
12. Name George Monaghan
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Kelly
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ed. Wright
(b) Address Vandalia Mo

17. (a) Burial (b) Date thereof 3-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kelly Mo
18. (a) Signature of funeral director W. J. Kelly
(b) Address Vandalia Mo

19. (a) 3-16-40 (b) J. Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1940 hour 4 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 3-9-40
_____, 19____, to 3-13, 1940;
that I last saw her alive on 3-12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Epilepsy -
Due to _____
Due to 95
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations None
Of autopsy None

Duration _____
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 None
(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 [Signature] (M. D. or other) MD
Address Louisiana Mo Date signed 3-15-40

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.

RECEIVED

District Health Officer No. 10

District File Number 4-40-714

Date Filed APR 3 1940

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 W. B. Waters

Licensed Embalmer No. 3325

P. O. Address Dandale 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.