

WHILE FILLING IN—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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 54

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wabash Hospital
(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

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. 501 E. Logan
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Joseph Maher 60
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 13th
 year 1940 hour 9 minute 40 A.M.
 21. I hereby certify that I attended the deceased from
February 27, 1940, to March 13, 1940
 that I last saw him alive on March 13, 1940
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 2nd 1856
(Month) (Day) (Year)

Immediate cause of death
Myocarditis
 Duration Several years

8. AGE: Years Months Days If less than one day
83 10 11 hr. _____ min.

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

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Car Repairer

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business Wabash R.R.
 12. Name Patrick Maher
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret McMahon
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Geo. A Marks
 (b) Address Moberly, Mo
 17. (a) Removal (b) Date thereof March 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation East St. Louis, Ill
 18. (a) Signature of funeral director Mahan and Son
 (b) Address Moberly, Mo
 19. (a) Mar. 16-1940 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

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. Signature W. P. Lonsath M.D. (M. D. or other) _____
(Specify type of place) (e) Means of injury
 Address Moberly, Missouri Date signed 3/13/40

Death Officer No. 10

4-40-896

APR 16 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.....

Frank S. DeWitt

Licensed Embalmer No. *3821*

P. O. Address.....

Moody Ave

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.