

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29498

Registration District No. 760B

Primary Registration District No. 6001

Registrar's No. 119

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

1. PLACE OF DEATH: St. Charles
 (a) County
 (b) City or town Wardens Rural Wardens Mo
 (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
 (Specify whether
 In this community 38 yrs
 years, months or days)

3. (a) PRINT FULL NAME Mmie Katherine O'Day
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married divorced married
 6. (b) Name of husband or wife Thomas P O'Day 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Aug. 21 1872
 (Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Lusmagh Ireland
 (City, town, or county) (State or foreign country)

10. Usual occupation House Duties

11. Industry or business

MOTHER FATHER { 12. Name Thomas Kelley 5
 13. Birthplace Lusmagh Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Larkin
 15. Birthplace Lusmagh Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas P O'Day
 (b) Address O'Mallon Mo

17. (a) Burial (b) Date thereof Aug 9 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardens Mo

18. (a) Signature of funeral director T. Pittman

(b) Address Wentzville Mo

19. (a) Aug 11 - 1940 (b) E. A. Rauhley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St Charles
 (c) City or town Wardens Mo Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. O'Mallon Mo Route 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 55 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 7
 year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 1939 to Aug 1940
 that I last saw her alive on 8/6 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Primary Corpus uteri

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: metastatic Carcinomatosis
 Of operations
 Of autopsy

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
 (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 W. C. Murray (M. D. or other)
 Address Wentzville Date signed 8/9/40

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

Signed T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Kentzville 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, fact should be so stated above.