

RECORDED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32196

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

Registration District No. 398

Primary Registration District No. 5554 3019

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
518 Evanton Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs Annie J Mahan  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mike Mahan  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 29 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 4 1/2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Home Wife

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

MOTHER FATHER  
12. Name William Bolger  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Myer  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman Bolger  
(b) Address 518 Evanton Ave

17. (a) Burial (b) Date thereof Oct 5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director W. Mitchell  
(b) Address Independence Mo

19. (a) Oct 5 40 (b) F. L. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town West Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 518 Evanton West Washing  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day Oct  
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 30  
1940 to Oct 8 1940  
that I last saw her alive on Oct 3 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis  
" Nephritis  
Due to \_\_\_\_\_  
Due to Senility  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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? \_\_\_\_\_

360  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 10307 indep ave Date signed 10/6/40

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

**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 me

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

Signed Henry J. Mitche

Licensed Embalmer No. 3925

P. O. Address Indep. Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**