

FILED DEC 17 1940

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 331

1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Harrisburg  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
100 Dowling St  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 2

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased July 27 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 3 19 hr. min.

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

10. Usual occupation Police Officer

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

FATHER { 12. Name John Mahoney  
 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
 MOTHER { 14. Maiden name Mary E. Doley  
 15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Mahoney  
 (b) Address 100 Dowling St. Harrisburg, Mo

17. (a) Burial (b) Date thereof Nov 18 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary Cem.

18. (a) Signature of funeral director James Edmond  
 (b) Address Harrisburg, Mo

19. (a) 11-26-40 (b) H C Crisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Harrisburg  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 100 Dowling  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15  
 year 1940 hour \_\_\_\_\_ minute 12<sup>30</sup> AM.

21. I hereby certify that I attended the deceased from Nov-15-40  
 \_\_\_\_\_, 19\_\_\_\_, to Nov 15, 1940  
 that I last saw him alive on Nov 15  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hour

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions MI  
(Include pregnancy within 3 months of death)

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) (e) Means of injury \_\_\_\_\_  
 23. Signature W. J. ... (M. D. or other) \_\_\_\_\_  
 Address Harrisburg, Mo Date signed Nov-21

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.....

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

Signed Michael J. O'Connell

Licensed Embalmer No. 2246

P. O. Address Danvers, Me

**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.**