No. 2
-13-40
17-3
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41706

Registration District No. 26 | Primary Registration District No. 3002 | Registrar's No. 168

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether

In this community 48 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico (If outside city or town limits, write "RURAL")

(d) Street No. 508 Southwestern Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Katherine Franey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Micheal Franey

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August (Month) 22 (Day) 1864 (Year)

8. AGE: Years 76 | Months 4 | Days 0 | If less than one day ..... hr. ..... min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Patrick Dwyer
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Martin
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant J Chas Franey

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pusch

(b) Address Mexico, Mo.

19. (a) Dec 23 1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1940 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Nov 3, 1940, to Dec 22, 1940; that I last saw her alive on Dec 21, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Degenerative Myocarditis	1938
Due to Embolism anterior tibial artery right leg Dec 21-40	1940
Due to Generalized Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

93

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) None

(b) Date of occurrence —

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? — (e) Means of injury

23. Signature Harry F O'Brien (M. D. ~~[illegible]~~)

Address 111 E. Monroe Mexico Mo. Date signed 12/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-41-143
Date Filed JAN 16 1949

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 Earl E. Precht, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

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