

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.

FILED FEB 17 1941

Registration District No. 609

Primary Registration District No. 4363

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(c) Name of hospital or institution:
515 S. LAFAYETTE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months
In this community 7 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME JERRY O'HARA

3. (b) If veteran, name war Name 3. (c) Social Security No. None

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAMIE O'HARA 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JULY 9TH 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business RETIRED

12. Name PATRICK O'HARA

18. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name KATRINE ROWE

15. Birthplace CANADA
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mamie O'Hara
(b) Address NEOSHO, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 11, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation SPAGNES CEMETERY

18. (a) Signature of funeral director W. H. ... 519
(b) Address NEOSHO, MO

19. (a) 1-11-41 (Date received local registrar) (b) Orval ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO 31
(If outside city or town limits, write "RURAL")
(d) Street No. 515 So. Lafayette
(If rural, give location)
(e) If foreign born, how long in U. S. A. 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10
year 1941, 11 hour 30 minute 9 M.

21. I hereby certify that I attended the deceased from Dec. 20, 1940, to Jan 9, 1941;
that I last saw him/her alive on Jan 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decomposition Duration

Due to Rheumatoid arthritis

Due to _____

Other conditions NO
(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) C

(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 places, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. E. Muness (M. D. or other) NO
Address Neosho Mo Date signed 1-11-41

District File Number 241-385
Date Filed FEB 13 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 Donald Reed, Registered Apprentice No. 402

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 5687

P. O. Address Beasts No

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.