DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR FEB 18 1941

Registration District No. 689

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3876

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County: PIKE

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

(c) Name of hospital or institution: 700 SOUTH CAROLINA (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: PIKE

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

(d) Street No.: 700 SOUTH CAROLINA (If rural, give location)

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

3. (a) PRINT FULL NAME: JOHN WISELY MCILROY

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, ~~married~~, divorced: WIDOWED

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: JANUARY (Month) 4 (Day) 1847 (Year)

8. AGE: Years 94 Months 0 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace: PIKE CO MO (City, town, or county) D (State or foreign country)

10. Usual occupation: FARMER (RETIRED)

11. Industry or business: ____

FATHER

12. Name: THOMAS F. MCILROY

13. Birthplace: PIKE CO (City, town, or county) MO (State or foreign country)

MOTHER

14. Maiden name: LETITIA HENRY

15. Birthplace: PIKE CO (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature: Mrs Lena Dawson

(b) Address: Louisiana Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 1/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation: DOVER CEMETERY

18. (a) Signature of funeral director: W. F. Luck

(b) Address: Louisiana Mo

19. (a) Jan 12/41 (Date received local registrar) (b) F. C. Haley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 11TH year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 8, 1939, to June 11, 1941, that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: (Bronchitis (Pneumonia)	7 days
Due to: Chronic Bronchitis	years
Due to:	
Other conditions (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? (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: Emil Mayer (M. D. or other) D.

Address: 323½ Georgia St. Date signed: 1/13/41

(Licensed Embalmer's Statement on Reverse Side) Louisiana

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.

RECEIVED
District Health Officer No. 10
District File Number 2-41-225
Date Filed FEB 7 1941

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

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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

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