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7-39
X23159

MAR 14 1941
Registration District No. **211**

Primary Registration District No. **529**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County Cole, Missouri

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

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

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

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **96**

(c) City or town Rural - Felston Rt. #1
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1 **0**
(If rural, give location)

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

3. (a) PRINT FULL NAME MARGARET O'LEARY

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years ABOUT 77 Months - Days - If less than one day _____ hr. _____ min.

9. Birthplace Cole, Jackson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business on Farm

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Thomas G. Roche

(b) Address St. Louis Mo

17. (a) Burial (b) Date thereof 3/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martins Cemetery

18. (a) Signature of funeral director John F. Finnich

(b) Address Jefferson City Mo

19. (a) 3/3/41 (b) H. T. Lebbel M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 27, 1941 to Feb 28, 1941;
that I last saw him alive on Feb 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia **4 da**
Prolonged exposure to inclement weather **10 yrs.**
and advanced mal-nutrition **6 mos.**

Other conditions Chronic valvular heart disease **25 yrs.**
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 J. T. Gillie (M.D. or other) D.O.
Address Centertown Mo Date signed 3/1/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.

Robert L. White

4168

112 E. High

Jafferson City, Mo