

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 61

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 10 days
(Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

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

(d) Street No. S. Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Margaret O'Brien

3. (b) If veteran, name war None

3. (c) Social Security No. NO

4. Sex 1 F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 9, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 6 If less than one day hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name P. V. O'Brien

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

14. Maiden name Margaret Carrigan

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

16. (a) Informant J. L. O'Brien

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 4/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Wm. Arnold Jr

(b) Address Mexico, Missouri

19. (a) April 15, 1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1941 hour 8 minute 05 P M.

21. I hereby certify that I attended the deceased from 4-7-41
_____, 19____, to 4-15- 1941
that I last saw her alive on 4-15- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature Frank Talley (Specify type of place) _____
While at work? _____ (e) Means of injury _____

Address Merair, Mo. Date signed 4/16/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-41-989

Date Filed MAY 20 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.....

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

Signed *W. W. Arnold*

Licensed Embalmer No. 3569

P. O. Address *Murphy*

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.