DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27787

Registration District No. 83 — Primary Registration District No. 4051 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Faucett, [illegible]
(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 5 months, 6 days,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Faucett,
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Christina Ann Mahar,
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 Thomas F. Mahar,
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 6th. 1860 (Month) (Day) (Year)

8. AGE: Years 81 | Months 4 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Andrew County, Missouri, (City, town, or county) (State or foreign country)
10. Usual occupation At Home,
11. Industry or business .....
FATHER
12. Name Jacob Kimberlin,
13. Birthplace Unknown, Virginia, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Matilda Jane Graham,
15. Birthplace Keytesville, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant John R. Mahar
(b) Address Faucett, Missouri,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery,
18. (a) Signature of funeral director Heaton - BeGole & Bowman Funeral Home Joseph, Mo.
(b) Address 319 So. 10th. Street,
19. (a) 8 - 8 - 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th
year 1941 hour 1:25 minute P M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Aug 7, 1941, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 weeks
General arterio-Scherosis	10 yrs
Due to Fracture of left hip	2 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation: Woman died suddenly following a light stroke, which partially the left side of her face and right side of her body
Of autopsy: no
for the past two months.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, find in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? 011 (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 H. F. Mundy (M. D. ~~or other~~) Coroner
Address 404 So 3d, St. Date signed 8/7/41

(Licensed Embalmer's Statement on Reverse Side)

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, August 7-

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm E Immerfeld

Licensed Embalmer No. 3007

P. O. Address 719 S 10 St Jos Mo

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.

. S. No. 2B
DM—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 27787

Registration District No. 83 Primary Registration District No. 4051 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Faucett
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Christina A. Mahar

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

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

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
General arteriosclerosis	
Due to Fracture of left hip	2 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

186a
14

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) Accident
(b) Date of occurrence June 10 – 1941
(c) Where did injury occur? Faucett (City or town) Buch (County) Mo (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
On back porch of her home (Specify type of place)
While at work? no (e) Means of injury Fell on porch

23. Signature H F Mundy (M. D. or other) Coroner
Address 404 So 3d St Date signed 10/4/41