. S. No. 2
—11-10-39
v. 5-17-
I X214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28002

Registration District No. 4169

Primary Registration District No. 4098

Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Brunswick
(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) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Brunswick, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY ROSE O'REILLY
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Luke G.
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan (Month) 9 (Day) 1876 (Year)

8. AGE: Years 65 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Mendon (City, town, or county) Mo (State or foreign country)
10. Usual occupation Merchant
11. Industry or business
FATHER
12. Name John Asbury
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Margaret Sharkey
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Luke G. O'Reilly
(b) Address Brunswick, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick, Mo
18. (a) Signature of funeral director Meyer Funeral Home
(b) Address Brunswick, Mo.
19. (a) Aug. 17, 1941 (Date received local registrar) (b) Harry E. Tatum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th
year 1941 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Aug 1 1941 to Aug 15 1941
that I last saw er alive on Aug 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis ? Mitral insufficiency
Due to Arteriosclerosis 10 to 15 yrs
Due to
Other conditions (Include pregnancy within 3 months of death) 94
Major findings:
Of operations
Of autopsy none

Duration

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 Harry E. Tatum (M. D. ~~or other~~)
Address Brunswick Mo Date signed 8/16/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-12-41
Date Filed

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 John H. Meyer

Licensed Embalmer No. 3120

P. O. Address Brunswick, 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, above space should be left blank.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28002

Registration District No. 169 Primary Registration District No. 4098 Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County: Charlton
(b) City or town: Brunswick
(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 years, months or days)
In this community

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: Mary R. O'Reilly
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: Married
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
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 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) Oct. 6-41 (Date received local registrar) (b) Dr H E Tatum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 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.

	Duration
Immediate cause of death	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY