

No. 2
4-13-46
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED OCT 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32141

Registration District No. 1046

Primary Registration District No. 5810

Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Joplin
(c) Name of hospital or institution Low Water Bridge
(d) Length of stay: In hospital or institution 44 years
In this community 44 years

3. (a) PRINT FULL NAME Orville P. Mahoney
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anne M. Mahoney
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 3, 1881

8. AGE: Years 59 Months 11 Days 10
If less than one day hr. min.

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

10. Usual occupation Mayor Of

11. Industry or business City Of Joplin

12. Name Wm. H. Mahoney

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

14. Maiden name Alta Hollenbeck
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Anne Mahoney

(b) Address open mo.

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

(c) Place: burial or cremation MT HOPE

18. (a) Signature of funeral director Joplin Mo. Hurlbut Und. Co

(b) Address Joplin Mo.

19. (a) 9-15-41 (b) Ed J James
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Joplin Missouri
(d) Street No. Low Water Bridge
(e) If foreign born, how long in U. S. A.? No years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 13 1941.
year 5-45 hour A. Minute M.

21. I hereby certify that I attended the deceased from Nov, 1940 to Sept. 13, 1941
that I last saw him alive on Sept. 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure 2 yr.
Due to Arteritis & myo car.
arteritis (to my. death 12 or 13 mo.)
Due to Rheum (history)
Other conditions 43 yr.
(include pregnancy within 3 months of death)

Major findings: 30 yr
Of operations
Of autopsy none

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) (a) Means of injury
23. Signature Ed J James (M. D. or Dr. J.)
Address Joplin Mo. Date signed 9/15/41

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

73
0
0

073
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 29 1944

APR 30 1946

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 *Steve D. Parker*

Licensed Embalmer No. *25148*

P. O. Address *John M*

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.

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Registration District No. 1046

Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Joplin
(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)

3. (a) PRINT FULL NAME Orville P. Mahoney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct 3, 1879
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days _____ (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry of 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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day _____ Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

32141