

FILLED NOV 17 1941
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 281

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

1. PLACE OF DEATH: Adair

(a) County _____

(b) City or town. 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 64 yrs years, months or days

3. (a) PRINT FULLNAME Patrick Bryant Dolan

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Dolan 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 3 (Month) 19 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Patrick Dolan

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

14. Maiden name Martha Wirtman (City, town, or county) (State or foreign country)

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

16. (a) Informant Patrick Nolan (b) Relationship J R

(b) Address Novinger Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1 (Month) (Day) (Year) 41

(c) Place: burial or cremation Campbell

18. (a) Signature of funeral director DEE Bellet

(b) Address Keokuk Mo

19. (a) Oct. 15/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1936, to Sept 30 1941; that I last saw him alive on Sept 30 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to Diabetes Mellitus

Due to _____

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

Major findings: Of operations 61

Of autopsy _____

Duration

6 days

begin

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 H. D. Garrison (M.D. or other) D

Address Novinger Mo Date signed Oct 1-41

RECEIVED

District Health Officer No. 10

District File Number 11-44-2017

Date Filed NOV 13 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 D. W. Riley

Licensed Embalmer No. 4181

P. O. Address Hicksville 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.