No. 2
1-4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34360

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1003

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1603 Olive St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1603 Olive St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Joseph McNamara

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna McNamara

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June (Month) 15 (Day) 1862 (Year)

8. AGE: Years 79. Months 4 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation Justice of the Peace

11. Industry or business Washington Township

FATHER
12. Name Thomas McNamara
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bridget --
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Anna McNamara
(b) Address 1603 Olive Str. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director Herman W. Schenfader
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Oct 20 1941 (Date received local registrar) (b) A J Nettebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1941 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 15, 1940 to Oct. 18, 1941 that I last saw him alive on Oct 18, 1940, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of left ~~[illegible]~~ Superior Maxillary	1 2 4/3
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 55d	
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 S. E. Methuen M.D. (M. D. or other) M. D.
Address Savannah Mo Date signed 10/19/41

(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, or by.....

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

working under my personal supervision.

Signed Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.