

S. No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1714

State File No. _____

Registrar's No. 92

Registration District No. 85 Primary Registration District No. 1001

FILED FEB 10 1942

1. PLACE OF DEATH:

(a) County Bushy Run

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

(c) Name of hospital or institution St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10/29/42
3 mos (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: Clinton 5

(a) State Mo (b) County Buchanan

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

(d) Street No. West 5th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY FITZGERALD

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 27
year 1942 hour 3 minute 15 P.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife THOMAS

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

7. Birth date of deceased MAY 4 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 28 1941 to Jan 27 1942
and that death occurred on the day and hour stated above.

8. AGE: Years 84 Months 8 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Bronchitis
Physiologic Senescence
(Pneumonia)
Due to a Stroke

Duration _____

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

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Owen Wright

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

14. Maiden name ANN CROWLEY

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

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PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph M Wright

(b) Address Cameron Mo

17. (a) Removal (b) Date thereof 1-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo

18. (a) Signature of funeral director W Moore

(b) Address Cameron Mo

19. (a) 1-27-1942 (b) A. Mitchell
(Date received local registrar) (Registrar's signature)

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 Dr Beschloss (M. D. or other) S.D.
Address St Joseph Date signed 1-27-42

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

MOTHER FATHER

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 _____

Cameron Moore

Licensed Embalmer No. _____

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P. O. Address _____

Cameron Moore

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.