S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 5972

Registrar's No. 123

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 920 Randolph St.
(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 16 years

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. 920 RANDOLPH ST.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME NANCY ELLEN MAHON
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife William J. Mahon
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased January (Month) 13 (Day) 1867 (Year)
8. AGE: Years 75 Months 0 Days 22 If less than one day ..... hr. ..... min.
9. Birthplace NEAR OREGON, MO. (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER 12. Name JAMES WARRICK RAMSAY
13. Birthplace PENNA. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name SARAH C. JACKSON
15. Birthplace PENNA. (City, town, or county) (State or foreign country)
16. (a) Informant MRS. OTHA DREHER
(b) Address OREGON, MO.
17. (a) OREGON, MO. (Burial, cremation, or removal) (b) Date thereof FEB. 7, 42 (Month) (Day) (Year)
(c) Place: burial or cremation OREGON, MO.
18. (a) Signature of funeral director James H. Pettijohn
(b) Address Oregon Mo.
19. (a) Feb. 6, 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th year 1942 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 15, 1941 to Feb. 5, 1942 that I last saw her alive on Feb. 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Left Lung + Pleura — Duration 6 months
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
General
Major findings:
Of operations
Of autopsy None

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 E. M. Elmores (M. D. or other) M.D.
Address 312 Kirkpatrick Bldg. Date signed 2-6-42

85 (Licensed Embalmer's Statement on Reverse Side) St. Joseph Mo.

MAR 26 1942

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 James H Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.