

Registration District No. 2393

Primary Registration District No. 3027

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(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.
In this community, years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Macon
(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 Feb. day 20
year 1942 hour 7 minute 46 P.M.
21. I hereby certify that I attended the deceased from Jan 30 1942 to Feb. 20 1942
that I last saw him alive on Feb. 20 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Thomas B. O'Rourke
3. (b) If veteran, name war. 3. (c) Social Security No.

Immediate cause of death: Coronary occlusion sudden
Due to Coronary arterio-sclerosis
Duration 1 yr.

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 26 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 25 hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Barney O'Rourke
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Barnes
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 94a
Of operations.
Of autopsy.
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Maggie O'Rourke
(b) Address Macon, Mo.

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?

17. (a) Burial (b) Date thereat 2-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Bury, Macon Mo

18. (a) Signature of funeral director Stephen Goodling
(b) Address Macon, Mo.
19. (a) 3/10/42 (b) Nora O'Rourke
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
23. Signature J. F. Turner (M. D. or other)
Address Macon, Mo. Date signed 3-4-42

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-424

Date Filed MAR 11 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..... *C. L. Stephens*.....

Licensed Embalmer No. 3057

P. O. Address Macon, 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.