S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20806

State File No.

Registration District No. 104 Primary Registration District No. 3608 Registrar's No. 180

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: 16A West 4th Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14

(a) State Missouri (b) County Callaway

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

(d) Street No. 16A West 4th
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Luther Raymond Mahoney

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Cora Mahoney

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May (Month) 4 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	1	0	hr. min.

9. Birthplace Fulton, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Cemetery Sexton

11. Industry or business same

FATHER
12. Name Mr. John Mahoney
13. Birthplace Columbia, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Nannie Massie
15. Birthplace Fulton, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Cora Mahoney

(b) Address Fulton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/42 (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Leo G. Wallace

(b) Address Fulton Mo.

19. (a) 6-6-1942 (Date received local registrar) (b) Josie Morris Hoff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1, 1936 to June 4, 1942 that I last saw him alive on May 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis

Due to Carcinoma of Stomach

Due to

Other conditions
(Include pregnancy within 3 months of death)

46 b

Major findings:
Of operations Carcinoma of Stomach

Of autopsy

Duration

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 [signature] (M. D. ~~or other~~)

Address Fulton Mo — Date signed 6-6-42

(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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.