

Honorary
State File No. 21710
Registrar's No. 58

FILED JUL 17 1942

533

Primary Registration District No. 3027

Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (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 _____

3. (a) PRINT FULL NAME

Peter Finnigan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1942 hour 1:10 minute a M.

21. I hereby certify that I attended the deceased from June 7, 1942, to June 8, 1942
that I last saw him alive on June 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Gastric Bladder
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.P. Honorary (M. D. or other) _____
Address Macon, Mo. Date signed 6-9-42

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Finnigan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 22 - 1850
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Bernard Finnigan

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

14. Maiden name Mary Moore

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Peter Finnigan

(b) Address Macon, Mo.

17. (a) removal (b) Date thereof June 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sibley City, Iowa

18. (a) Signature of funeral director Allen S. Finney

(b) Address Macon, Mo.

19. (a) July 2 1942 (b) J.P. Honorary
(Date received local registrar) (Registrar's signature)

1037

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

61
3
2

RECEIVED

District Health Officer No. 10

District File Number 7-42-1448

Date Filed JUL-16-1942

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 Albert S. Keenan

Licensed Embalmer No. 751

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.