

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 26 10

Primary Registration District No. 50317

Registrar's No. 115

FILED SEP 11 1942

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural Salt River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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:

(a) State Missouri (b) County Audrain
(c) City or town Thompson
(If outside city or town limits, write "RURAL")
(d) Street No. R. #2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Peter W. Duffy

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased March 6, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>26</u>	hr. min.

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

10. Usual occupation Famer Famer

11. Industry or business

MOTHER FATHER

12. Name Christopher Duffy
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Kathleen Keating
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Weinand
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/42
(Month) (Day) (Year)

(c) Place: burial or cremation Mexico Catholic

18. (a) Signature of funeral director Clara Arnold

(b) Address Mexico, Mo.

19. (a) Aug 3 - 1942 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 year 1942 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw h..... alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary V. defect
I find that the deceased
came to his death by natural

Due to Coronary V. defect

Due to Coronary V. defect

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H6 P.

Of autopsy

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 Eg. Reuben Crown (M. D. or other) Address Mexico Mo Date signed 8/3/42

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

RECEIVED

District Health Officer No. 10

District File Number 9-42-1666

Date Filed SEP - 8 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 *Clara Anderson*

Licensed Embalmer No. 3569

P. O. Address *Mexico, Tex*

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.