

Registration District No. 187

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
821 Vine
(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 70 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 821 Vine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Jerry E. Mining

MEDICAL CERTIFICATION

3. (b) If veteran, name war XX

20. DATE OF DEATH: Month Sept. day 30 year 1942 hour 8 minute 30 P.M.

3. (c) Social Security No. XX

21. I hereby certify that I attended the deceased from Dec 1 1942 to Sept 30 1942 that I last saw him alive on Sept 29 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

Immediate cause of death Heart decompensation

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

Due to chronic myocarditis

7. Birth date of deceased July 14 1867
(Month) (Day) (Year)

Due to none

8. AGE: Years 75 Months 2 Days 16 If less than one day XX hr. XX min.

Other conditions none
(Include pregnancy within 3 months of death)

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

Major findings: Of operations 93d

10. Usual occupation Farmer

Of autopsy _____

11. Industry or business XX

22. If death was due to external causes, fill in the following:

MOTHER FATHER { 12. Name Peter Mining

(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? _____

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

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

MOTHER FATHER { 14. Maiden name Mary Whalen

23. Signature P. P. Brennan (M. D. or other) _____
Address Chillicothe, Mo. Date signed 10/1/42

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

16. (a) Informant Mary Mining

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 10/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director James Gordon
(b) Address Chillicothe, Mo.

19. (a) Oct 2-1942 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

FEB 16 1955

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 D Gordon

Licensed Embalmer No. *1870*

P. O. Address *Chillicothe 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.