

FILED OCT 9 1942

State File No.

Registration District No. 326

Primary Registration District No. 4482

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County. Madison Co
(b) City or town. Memphis
(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 Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland
(c) City or town Memphis - Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bridget Ellen Delaney

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

4. Sex F 1 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased Dec 25 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Martin Sheridan
13. Birthplace Alexandria Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Sheridan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Delaney
(b) Address Kidsville Mo.

17. (a) Burial (b) Date thereof Sept 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Wm. Kiegeschan
(b) Address Edina Mo.

19. (a) 9/22/42 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1942 hour 4:57 minute P M.

21. I hereby certify that I attended the deceased from Sept 12 1942 to Sept 13 1942 that I last saw her alive on Sept 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Duration 9-12-42

Due to atherosclerosis

Due to _____

Other conditions 82a!
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 E. E. Shephard (M. D. or other) MD
Address Memphis, Mo. Date signed 9-18-42

RECEIVED

District Health Officer No. 10

District File Number 10-42-185-8

Date Filed OCT 7 1947

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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, above space should be left blank.