

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33265

State File No. _____

FILED OCT 23 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 950

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 19 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1, Halls, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Naturalized American

3. (a) PRINT FULL NAME Margaret Monahan

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased November 6, 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 28 If less than one day
hr. min.

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

10. Usual occupation Housekeeper and farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name John McIntyre
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Susan McAnas
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Monahan (son)

(b) Address Route # 1, Halls, Mo.

17. (a) Burial (b) Date thereof 10/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director John E. [Signature]

(b) Address 6054 P. Ave., City

19. (a) 10-6-42 (b) Rose Hagog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day Oct
year 1942 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 7 1942 to Oct 4 1942
that I last saw alive on Oct 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Amnesia of the [Signature]
Duration _____

Due to _____

Due to _____

Other conditions _____

(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 [Signature] (M. D. or other) _____

Address [Signature] Date signed 10-5-42

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

