

No. 2
4-13-40
5-17-39
PI X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34107

State File No. _____

Registration District No. 169

Primary Registration District No. 4240

Registrar's No. 54

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

52
0

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Baring

(c) Name of hospital or institution: _____
(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 60

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox

(c) City or town Baring
(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.? 0 years.

3. (a) PRINT FULL NAME Maggie M. Caher

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1942 hour 11 minute 30 9 M.

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

6. (b) Name of husband or wife single (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased 5 27 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1942 to Oct 7, 1942 that I last saw her alive on Oct 3, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 4 Days 3 hr. _____ min. If less than one day

Immediate cause of death Cerebral Hemorrhage Duration 10 days

Due to Arteriosclerosis

9. Birthplace Quincy Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Handing

Due to _____

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

11. Industry or business _____

12. Name Stephen M. Caher

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

14. Maiden name Mary M. Counsel

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant myself

(b) Address Baring Mo.

17. (a) Baring Mo. (b) Date thereof 10-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Agnes Cemetery

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? _____

18. (a) Signature of funeral director W. J. Kelly (Specify type of place)

(b) Address Chenoa, Mo. (c) Means of injury _____

19. (a) Oct 7 1942 (b) Nell Northcutt
(Date received local registrar) (Registrar's signature)

23. Signature H. G. Schmitz D.O. (M.D. or other) _____

Address Baring Date signed 10/5/42

1142 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-42-2000

Date Filed NOV - 9 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..... *Geo. Beasley*

Licensed Embalmer No. 3752

P. O. Address Fairland 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.