

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1942

Registration District No. _____

Primary Registration District No. 5279

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Rural Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark
(c) City or town (Rural) Jefferson Imp?
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1942 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Sept 5 to Oct 30, 1942
that I last saw him alive on Oct 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke Thrombosis
Duration _____

Due to _____
Due to 9/42
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 F. A. Borton (M. D. or other)
Address Farmington, Mo. Date signed 11-9-42

3. (a) PRINT FULL NAME John Milton Lorigan

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

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

6. (b) Name of husband or wife Pearl Kious 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 1 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Hamilton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Lorigan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Sullivan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. M. Lorigan
(b) Address Ashton Mo.

17. (a) Burial (b) Date thereof Oct 31/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chamberlains Cemetery

18. (a) Signature of funeral director Fred Korte
(b) Address Katonia Mo.

19. (a) 11-10-42 (b) Perry J. Borton
(Date received local registrar) (Registrar's signature)

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

23
0

23
0

1073

RECEIVED

District Health Officer No. 10

District File Number 12-42-4035

Date Filed Dec-10-1942

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

Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.