

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 18 1942
357

Primary Registration District No. 4496

Registrar's No. 103

102
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: Residence of Judge H. P. Shiner
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 5 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

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

(d) Street No. Res. of Judge H. P. Shiner
(If rural, give location)

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

3. (a) PRINT FULL NAME MICHAEL FRANCIS MAHONEY

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 5
year 1942 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 22
1941 to Nov 5 1942
that I last saw him alive on Nov 4 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 Married

6. (b) Name of husband or wife Vivian Mahoney 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept 19 1914
(Month) (Day) (Year)

Immediate cause of death Subacute Bacterial Endocarditis
Duration about 1 year

8. AGE: Years 28 Months 1 Days 17 If less than one day
- hr. - min.

Due to 9/0

Due to

Other conditions nutritional insufficiency
(Include pregnancy within 3 months of death)

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Designer

11. Industry or business Missouri Highway Dept.

12. Name John C. Mahoney

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

14. Maiden name Margaret Mary Langan

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

16. (a) Informant Mrs. Vivian Mahoney
(b) Address Shelbyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1942
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Ray C. Shiner
(b) Address 1000 Cedar, Hannibal, Mo.

19. (a) Nov. 11, 42 (Date received local registrar) (b) Malcolm Spooch (Registrar's signature)

Major findings:
Of operations none

Of autopsy none

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature P. C. Archer (M. D. or other)
Address Shelbyville Mo. Date signed 11-6-42

RECEIVED

District Health Officer (No. 10)

District File Number 11-42-2094

Date Filed NOV 16 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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1700 Adams, Haverhill, Ms.

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.