

APR 8 1943 184
Registration District No. 184

Primary Registration District No. 5-6-8-5689

State File No. _____
Registrar's No. 55

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

1. PLACE OF DEATH

(a) County Dinn Marceline Mo

(b) City or town Marceline Rural
(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) 4 years

3. (a) PRINT FULL NAME John Mahoney

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 20 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 8 10 hr. min.

9. Birthplace near Macan Mo
(City, town, or county) (State or foreign country)

10. Usual occupation P. R. Carpenter

11. Industry or business _____

12. Name Patrick Mahoney

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

14. Maiden name Margaret Derra

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

16. (a) Informant Mrs. Margaret Dawson

(b) Address Brockfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31 1943
(Month) (Day) (Year)

(c) Place: burial or cremation St Michaels

18. (a) Signature of funeral director James M. Laughlin

(b) Address Marceline Mo

19. (a) 3-31-1943 (Date received by local registrar) (b) W. F. Cannon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dinn

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 5 1943 to March 30 1943
that I last saw him alive on March 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Chronic nephritis

Major findings: Of operations _____
Of autopsy _____

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 John W. Nelson (M. D. or other)
Address Marceline Mo Date signed 3/30/43

Duration

5 yrs?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Dale Bunch

Licensed Embalmer No.

4088

P. O. Address.....

Marceline 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.

100-16-5