

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lafayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
12th Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 yrs. (Specify whether)
years, months or days

3. (a) PRINT FULL NAME THOMAS F. GERAUGHTY

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 Widowed

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

7. Birth date of deceased. Feb. 1, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 23 hr. min.

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

10. Usual occupation Farmer

11. Industry or business retired

MOTHER FATHER

12. Name Michael Geraughty

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

14. Maiden name Bridget McCarty

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

16. (a) Informant James Geraughty

(b) Address Waverly, Mo.

17. (a) Burial (b) Date thereof June 26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kan.

18. (a) Signature of funeral director Winkler

(b) Address Lafayette, Mo.

19. (a) 6-25-43 (b) Mrs. P. Schwab
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette
(c) City or town Lafayette
(If outside city or town limits, write "RURAL.")
(d) Street No. 12th Main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from
June 23, 1943, to June 24, 1943;
that I last saw him alive on June 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
result of cerebral hemorrhage

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

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)
_____ (b) Means of injury _____

23. Signature R. O. K. [Signature] (M. D. or other)
Address Lafayette, Mo. Date signed 6/25/43

Duration
12 h
5 months
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

54
3
2

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-13-43

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 *Garret J. Thayer*
Licensed Embalmer No. *3276*
P. O. Address *Lexington, 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.