

S. No. 2
M-542
5-17-53
I. X. 277

26401

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

D AUG 7 1943

Registration District No. 1384

Primary Registration District No. 6248

Registrar's No. 11

1. PLACE OF DEATH

(a) County Washington

(b) City or town Richwood 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 Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss (b) County Washington

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES Joseph Kavanaugh

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 2:45 minute _____ M.

4. Sex MALE 5. Color or race White

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 Apr 4 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16, 1943, to July 19, 1943 that I last saw him alive on July 16, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 3 Days 15 If less than one day hr. _____ min. _____

Immediate cause of death Coronary thrombosis Duration _____

Due to Old age

Due to Infarct of the heart

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

Other conditions (Include pregnancy within 3 months of death) 94 a

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Patrick Kavanaugh

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

14. Maiden name Myra Sunday

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

16. (a) Informant L. Kavanaugh

(b) Address Richwood Miss

17. (a) Burial (b) Date thereof 7-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwood Miss

18. (a) Signature of funeral director J. Joyner

(b) Address Richwood Miss

19. (a) 7-21-43 (b) L. Kavanaugh
(Date received local registrar) (Registrar's signature)

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 O. W. Parker (M. D. or other)

Address Richwood Date signed 7-20-43

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

RECEIVED

District Health Officer No. 4
District File Number 843-2514
Date Filed 8-6-43

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 John L. Beebe

Licensed Embalmer No. 3008

P. O. Address Peoria, Ill.

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.