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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 25 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32109

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrisburg
(c) Name of hospital or institution: ST Elizabeth Hosp.
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Harrisburg
(d) Street No. 1412 Joliet
(e) Citizen of foreign country? _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1943 hour _____ minute 15 a.m.

21. I hereby certify that I attended the deceased from July 26, 1943, to Aug 5, 1943
that I last saw him alive on Aug 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to Arteriosclerosis

Other conditions: _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature C. E. Salzer (M. D. or other)
Address Harrisburg, Mo. Date signed _____

3. (a) PRINT FULL NAME George N. O'Hern

3. (b) If veteran, name war _____ 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 Corra 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19 - 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name James O'Hern

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

14. Maiden name Mary Hoek

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

16. (a) Informant Margaret Pulpan

(b) Address 1412 Joliet Harrisburg Mo

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

(c) Place: burial or cremation St Mary's Cem.

18. (a) Signature of funeral director James O'Donnel

(b) Address Harrisburg Mo

19. (a) 8-31-43 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

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

1146 (Licensed Embalmer's Statement on Reverse Side)

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: *Michael J. O'Honnell*

Licensed Embalmer No. *3246*

P. O. Address: *Hannibal 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.