

FILED JAN 15 1944

Registration District No. _____ Primary Registration District No. 4016 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio
(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 67 yrs (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Tarkio
(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 CATHERINE ELIZABETH GAFFNEY

3. (b) If veteran, name war -- 3. (c) Social Security No. --

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

6. (b) Name of husband or wife Wm. Gaffney 6. (c) Age of husband or wife if alive 1-1857 1857 years (Month) (Day) (Year)

7. Birth date of deceased Oct (Month) 1-1857 1857 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>2</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John J. O'Heren

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Murphy

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Winifred Gaffney

(b) Address Tarkio, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/20/43
(Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) Jan 12 1943 (Date received local registrar) (b) Mrs. H. O. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1943 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov 30 1943 to Dec 18 1943 that I last saw him alive on Dec 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Inf. Lung - Pneumonia

Due to similarity

Due to _____

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations _____

Of autopsy none

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 Chas. W. H. O. (M. D. or other) Address Tarkio, Mo. Date signed Dec 18 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

320
Aug 4

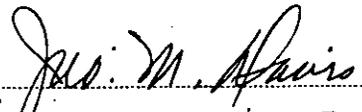
1943

10-29

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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..... 
Licensed Embalmer No..... 2394
P. O. Address..... Tarkio, 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.