S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41475

FILED JAN 13 1944

Registration District No. _____ Primary Registration District No. 5032 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Rual, Linn Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. Rush Hill

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Rual

(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. Rush Hill

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Catherine Devaney

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Patrick Devaney

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

7. Birth date of deceased August 1, 1853 (Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frances Devaney

(b) Address Rush Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pauls

(b) Address Mexico, Mo.

19. (a) Dec 29 '43 (Date received local registrar) (b) Mary C. Jacobs (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1943 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec 16, 1943 to Dec 27, 1943 that I last saw her alive on Dec 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza — Duration 2 weeks

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

330

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

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W K McGall D (M. D. ~~or other~~)

Address Laddonia Mo Date signed 12-28-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 1-44-764
Date Filed JAN 12 1944

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.