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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 41997

Registrar's No. 175

1. PLACE OF DEATH:

(a) County: Audrain

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

(c) Name of hospital or institution: 908 N. Olive St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 62 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain

(c) City or town: Mexico
(If outside city or town limits, write "RURAL")

(d) Street No.: 908 N. Olive St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Melissa McDonough

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: Robert McDonough

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

7. Birth date of deceased: November 1, 1854 (Month) (Day) (Year)

8. AGE: Years 89 | Months 1 | Days 24 | If less than one day: hr. min.

9. Birthplace: Ohio / (City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business:

MOTHER FATHER

12. Name: JJ. P. Johnson

13. Birthplace: Ohio / (City, town, or county) (State or foreign country)

14. Maiden name: Hannah Boyd

15. Birthplace: Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant: Estil McDonough

(b) Address: Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 26, 43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Earl T. Reed

(b) Address: Mexico, Mo.

19. (a) 12/26/43 (Date received local registrar) (b) Margaret Meekie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Dec 13, 1943, to Dec 24, 1943, that I last saw her alive on Dec 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia-bronchial	10 days
Due to: Senility	
Due to:	
Other conditions: Chr. Bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 107

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: R. S. Williams (M. D. or other) M.D.

Address: Mexico Mo Date signed 12/24

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-106
Date Filed JAN 11 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.