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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. J41870

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 385

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 6 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau 16

(c) City or town Cape Girardeau 1 (If outside city or town limits, write "RURAL")

(d) Street No. 611 Themis St 4 (If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Ella Agnes O'Hara

3. (b) If veteran, name war No

3. (c) Social Security No. ✓

4. Sex Female

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 July (Month) 7 (Day) 1869 (Year)

8. AGE: Years 74 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Auburn (City, town, or county) N.Y. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jeramia M. Murphy
13. Birthplace Ireland (City, town, or county) NY 1 (State or foreign country)

MOTHER
14. Maiden name Johanna Donahue
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Ruth O'Hara Tyson

(b) Address Milwaukee Wis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 6-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Wickliffe Ken.

18. (a) Signature of funeral director Walthers Und. Co.

(b) Address Cape Girardeau Mo.

19. (a) 12-4-43 (Date received local registrar) (b) F.H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 43 hour 2 minute a M.

21. I hereby certify that I attended the deceased from 11-26, 1943, to 12-3, 1943; that I last saw her alive on 12-2, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bowel obstruction	7 days
Due to Previous surgery 15 yr ago - Previous bowel obstr.	
Due to due to post operative adhesions	
Other conditions Hypertrophic Arthritis (Include pregnancy within 3 months of death)	10 yrs

Major findings: Of operations no operation

Of autopsy no autopsy

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.A. Retter, M.D. (M. D. or other)

Address Cape Girardeau Mo. Date signed 12-4-43

1014

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1943

RECEIVED

District Health Officer No. 4

District File Number 1243-3087

Date Filed 12-27-43

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 Virgil H. Helch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau-

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.