No. 2
-9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2986

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 141

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: home. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison /

(c) City or town Bethany /
(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 0

3. (a) PRINT FULL NAME Thomas Preston O'Hare

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Molly

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 12-31-1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	3	..... hr. ..... min.

9. Birthplace Davies County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business —

FATHER
12. Name Martin O'Hare
13. Birthplace do not know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name do not know
15. Birthplace do not know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Molly O'Hare
(b) Address Bethany, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1 - 5 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Creek (coffey)

18. (a) Signature of funeral director M B Haas
(b) Address Bethany, Mo.

19. (a) Jan 22-44 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1944 hour 6 00 minute A. M.

21. I hereby certify that I attended the deceased from 3-30, 1944, to 1-3, 1944;
that I last saw him alive on Jan. 3, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized carcinomatosis	3 yrs
Due to: Primary cancer of left breast.	
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

50

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 H. R. Lydden Jr. (M. D. ~~or other~~)
Address Bethany, Mo Date signed 1-7-44

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/44

(Licensed Embalmer's Statement on Reverse Side)

JAN 3 1 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Melvin B. Haas

Licensed Embalmer No. 5899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.