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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24408

State File No. _____
Registrar's No. 41

Registration District No. _____ Primary Registration District No. 4124

23
1
0

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

1. PLACE OF DEATH:

(a) County... Clark

(b) City or town... Kahoka
(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) 1

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

3. (a) PRINT FULL NAME JAMES WILLIAM McDERMOTT

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

4. Sex male **5. Color or race** white **6. (a) Single, widowed, married,** widowed
6. (b) Name of husband or wife Emma Mc Dermott **6. (c) Age of husband or wife** 39 years
7. Birth date of deceased May 13, 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Kahoka, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation cattle dealer

11. Industry or business _____

MOTHER FATHER

12. Name William Mc Dermott

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

14. Maiden name Louisa Mosley

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

16. (a) Informant Donald Mc Dermott
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** July 7, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Buttino Undertaking
(b) Address Kahoka, Missouri

19. (a) 7-21-44 (Date received local registrar) **(b) Perry S. Boston** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Clark 23

(c) City or town... Kahoka (If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1944 hour 11 minute 1 M.

21. I hereby certify that I attended the deceased from July 3, 1944, to July 4, 1944
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to Coronary Arteriosclerosis

Due to _____

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

Major findings: 9/40
Of operations _____

Of 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? _____

While at work _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed _____

1273

REC 9 1944

RECEIVED

District Health Officer No. 10

District File Number 8-44-1348

Date Filed AUG 8 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 Ola L. Lutting

Licensed Embalmer No. 2965

P. O. Address Wray 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.