

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution Pike Co Hospital
(d) Length of stay: In hospital or institution 1 1/2 hrs
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Rural
(d) Street No Near Clarksville Mo
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carroll Ann O'Shea
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28
year 1944 hour 3:30 minute _____ M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 29 - 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-28, 1944, to 6-28, 1944, that I last saw her alive on 6-28, 1944, and that death occurred on the date and hour stated above.

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

Immediate cause of death Profuse Hemorrhage from Stomach
Due to Cause not determined

9. Birthplace Pike Co Hospital
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Robert O'Shea
13. Birthplace Ecilia Mo
14. Maiden name Ruth Turner
15. Birthplace Ecilia Mo

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Ruth O'Shea
(b) Address Clarksville - Mo.
17. (a) Burial (b) Date thereof June 29 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature [Signature]
(b) Address Ecilia Mo
19. June 29 - 1944 (Date received local registrar)
[Signature] (Registrar's signature)

23. Signature Charles P. Lewellan (M. D.)
Address Louisiana, Mo. Date signed 6-28-44

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

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

8221

RECEIVED

District Health Officer No. 10

District File Number 8-44-1432

Date Filed AUG 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

..... Registered Apprentice No.

working under my personal supervision.

Signed

Thomas E. Gosh

Licensed Embalmer No. 2342

P. O. Address Esolia, 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.