

FILED DEC 12 1944

Registration District No. **47**

Primary Registration District No. **3008**

114
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 m 11 d
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rolls 14

(c) City or town Perry
(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 _____

3. (a) PRINT FULL NAME William A. O'Brien

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife DIL 6. (c) Age of husband or wife if alive deceased years _____

7. Birth date of deceased: Mar 9 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1944 hour 12-50 minute 9 M.

21. I hereby certify that I attended the deceased from 11-2-1944 to 11-27-1944
that I last saw him alive on 11-26-1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death: Myocardial infarction

Due to arteriosclerosis

Due to _____

Other conditions: 93
(Include pregnancy within 3 months of death)

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

10. Usual occupation: Farmer

11. Industry or business _____

12. Name: Richard O'Brien

13. Birthplace: IL 9
(City, town, or county) (State or foreign country)

14. Maiden name: _____

15. Birthplace: IL 9
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

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

MOTHER FATHER

16. (a) Informant: Richard

(b) Address: _____

17. (a) Removed (b) Date thereof 11/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Funeral Home

18. (a) Signature of funeral director: Clyde Wiley

(b) Address: Funeral Home

19. (a) 11-27-1944 (b) Joan Mankhoff
(Date received local registrar) (Registrar's signature)

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) Means of injury: MI

23. Signature: George H. Peano (M. D. or other) MI
Address: Quilbuck Mo. Date signed: 11-27-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-44

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 Clyde Wilsey

Licensed Embalmer No. 3820

P. O. Address Perry 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.