

FILED JAN 10 1945
Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH: Pettis
(a) County. Pettis
(b) City or town. Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Four days
(Specify whether years, months or days)
In this community. about 25 years

3. (a) PRINT FULL NAME Francis S. Ahern
3. (b) If veteran, name war. none
3. (c) Social Security No. No.

4. Sex Male
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. June 10, 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 27
If less than one day hr. min.

9. Birthplace. Murray, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation. Salesman

11. Industry or business. Drug Store

12. Name. Michael A. Ahern

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

14. Maiden name. Anna McCarthy

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

16. (a) Informant. Mrs. Chs. T. Engle (sister)

(b) Address. 3826 6th Ave., Des Moines, Ia.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof. 12/7/44
(Month) (Day) (Year)
Des Moines, Iowa

(c) Place: burial or cremation.

18. (a) Signature of funeral director. Susan Ewing

(b) Address. Sedalia, Missouri

19. (a) 12/7/44 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Pettis
(c) City or town. Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. Milner Hotel
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 7
year 1944 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 7, 1944 to Dec. 7, 1944
that I last saw him alive on Dec. 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Circulatory Failure
(Myocardial infarction)
Due to. Ch. Inf. Myelitis
Due to. R. S. Lobar pneumonia.

Other conditions (Including pregnancy within 3 months of death)
Left kidney removed 1919.
Major findings: Of operations. none.
Of autopsy. none.

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? _____
(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. Frank B. Long (M. D. or other) 12-15
Address. Sedalia, Mo. Date signed 12/7/44

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

1-5-45

AUG 20 1945

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 *Duane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.