

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41844

State File No. _____

FILED DEC 21 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 385

1. PLACE OF DEATH:

(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:
900 South Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about forty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 900 South Missouri 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
Naturalized Citizen U.S. (If yes, name country)

3. (a) PRINT FULL NAME William Patrick O'Shea

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Bridgett O'Shea 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 12, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 24 If less than one day hr. _____ min.

9. Birthplace unknown, Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Painter

MOTHER, FATHER { 12. Name unknown
13. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Todd (no kin) 1

(b) Address 900 South Missouri, Sedalia,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Duane Owen
(b) Address Sedalia, Missouri

19. (a) 12/9/44 (Date received by registrar) (b) Mrs. Emma Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1944 hour 7:45 minute 9 M.

21. I hereby certify that I examined the body of
Coroner Dec 6, 1944 to _____, 19_____;
that I last saw him viewed body Dec 6, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death acute
Alcoholism

Due to 77c

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? 3

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

23. Signature Dr. H. R. Robinson (M.D. or other) D.O.
Address 129 E. 1st St. Sedalia, Mo. Date signed 12/6/44

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

70
6
4

1022

JAN 6 1945

DEC 22 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

Duane Ewing

Licensed Embalmer No.

3847

P. O. Address

Idalia 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.