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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30162

FILED OCT 1 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1021

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2303 Marion St.
(If not in hospital or institution, write street number or location)

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

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2303 Marion St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Josephine McCarthy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Isadore A.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 30 (Day) 1870 (Year)

8. AGE: Years 75 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Abbeyfeale County Limerick Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Edward Fitzgerald

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

14. Maiden name Ellen Fitzgerald

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

16. (a) Informant Mrs. Earle Sanders

(b) Address 2303 Marion St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep't. 25, 45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Arnold W. Schofield

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Sep't. 25, 45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 22 year 1945 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10-4, 1942, to 9-22, 1945; that I last saw her alive on May 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death [illegible] Duration 5 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address St. Joseph Mo. Date signed 9-26-45

1428

(Licensed Embalmer's Statement on Reverse Side)

OCT 3 4 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~~ Elmer Thomas, Registered Apprentice No. ....., working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.