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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14080**  
Registrar's No. **75**

**FILED** MAY 13 1946

Registration District No. **275**

Primary Registration District No. **3053**

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

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town Rolla  
(If outside city or town limits, write "RURAL")

(d) Street No. 1400 Elm  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GRACE Edna O'meara

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1945 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 1 1945 to April 16 1946 that I last saw her alive on 4-16 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Joseph D. O'meara 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 6 1876  
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage Duration 2 da.

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

70 3 10 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions Diabetes  
(Include pregnancy within 3 months of death)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Chas. Curtis Gibson

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

14. Maiden name Elizabeth Apple Day

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

PHYSICIAN \_\_\_\_\_

Major findings: Of operations col

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant R. G. O'meara

(b) Address 1400 Elm Rolla, MO

17. (a) Burial (b) Date there April 19, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation: Rolla

18. (a) Signature of funeral director Smith-Holloway

(b) Address Rolla, MO

19. (a) April 26, 1946 (b) Mrs. Juanita Harvey  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature E. E. Fair (M. D. or other) \_\_\_\_\_

Address Rolla MO Date signed 4-22-46

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**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

*[Handwritten Signature]*

Licensed Embalmer No. *3645*

P. O. Address *St. Louis, 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.**