V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED APR 30 1946

STANDARD CERTIFICATE OF DEATH

State File No. 15498

Registration District No. 366 Primary Registration District No. 4536 Registrar's No.

1. PLACE OF DEATH:

(a) County WASHINGTON

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Potosi Mo
(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 MARGARET TEASDALE FLYNN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB (Month) 27 (Day) 1862 (Year)

8. AGE: Years 84 Months 0 Days 22 If less than one day hr. min.

9. Birthplace POTOSI (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business

FATHER
12. Name JOHN TEASDALE.
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name CATHERINE MUNDY
15. Birthplace (City, town, or county) NEWFOUNDLAND (State or foreign country)

16. (a) Informant H. J. FLYNN
(b) Address POTOSI MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI MO.

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo

19. (a) April 13 46 (Date received local registrar) (b) Mrs G F Cressurle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month M.C.H. day 19
year 1946 hour 11 minute 5 P M.

21. I hereby certify that I attended the deceased from Feb -13- 1946 to Mar -19- 1946
that I last saw her alive on Mar -19- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to

Due to Arthritis Deformans

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. P. Townsend (M. D. or other)

Address Potosi Mo Date signed 3-21-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

District File Number 446-2030

Date Filed 4-29-46

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.