

FILED MAY 16 1946

Registration District No. 175

Primary Registration District No. 5645

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Aurora Twnship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1 Aurora Mo.
(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 Lawrence 55
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.D. # 1 Aurora Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John T O'Brien

3. (b) If veteran, name war W.W.# 1 3. (c) Social Security No. 497-22-6069

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

6. (b) Name of husband or wife Lurie O'Brien 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan 15 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 2 23 hr. min.

9. Birthplace ? Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Lumber Clerk

11. Industry or business Aurora Lumber Co

MOTHER FATHER {
12. Name John J O'Brien
13. Birthplace ? Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Ann Lynch
15. Birthplace ? Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lurie O'Brien

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 4/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) 4/9/46 (b) Dina Mc Math
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1946 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 7
1946 to April 7 1946
that I last saw him alive on April 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 9/4/46
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) _____
(e) Means of injury _____

While at work? _____
Signature W.P. Hurron (M. D. or other) _____
Address Aurora Mo. Date signed 4/18/46

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

10093

RECEIVED

District Health Officer No. 6,

District File Number 546-522

Date Filed MAY 17 1946

MAY 20 1946

MAY 21 1946

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 Herman Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.