

No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17535

State File No. _____

Registrar's No. 88

FILED JUN 23 1946

Primary Registration District No. 3048

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

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Marysville

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution None
In this community 26 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas O'Day

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Vesta O'Day Deceased

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

7. Birth date of deceased Jan - 6 - 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 28
If less than one day hr. min.

9. Birthplace Delhi (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Thomas O'Day

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

14. Maiden name Mara Mancy

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

16. (a) Informant Alpha S. O'Kay

(b) Address 309 W. Thompson, Marysville, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5 - 7 - 46 (Month), (Day) (Year)

(c) Place: burial or cremation St. Patrick's Cemetery

18. (a) Signature of funeral director Coyball Funeral Home

(b) Address Marysville, Missouri

19. (a) May 31 1946 (Date filed for local registrar)

(b) Loess (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

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

(d) Street No. 309 West Thompson
(If rural, give location)

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

20. DATE OF DEATH: Month May day 4
year 1946 hour 11 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1943, 19— to May 4, 1946
that I last saw him alive on May 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition, Paralysis, Asthma, Generalized Arterio-Sclerosis and Senility

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W.R. Jackson (M. D. or other) _____
Address Marysville, Mo. Date signed 5-4-46

Duration Several Years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Marionville 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.