

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19812

FILED JUN 24 1946

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Blair
(b) City or town: Rural Liberty Twp
(c) Name of hospital or institution: Honey Langhorne
(d) Length of stay: In hospital or institution: 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Blair 24
(c) City or town: Liberty 2.
(d) Street No.: 114 N. Leonard 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: WILLIAM J. MAHER
(b) If veteran, name war: none
(c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1946 hour 1 minute 30 p M.

4. Sex: Male (1) Color or race: white
6. (a) Single, widowed, married, divorced: married
(b) Name of husband or wife: Emma F. Maher
(c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: May 23 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19 46 to June 11 19 46
that I last saw him alive on June 11 19 46
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 0 Days 18
If less than one day: hr. min.

Immediate cause of death: Cerebral hemorrhage
Due to: Hypertension
Duration: 13 days
Underline the cause to which death should be charged statistically: Stroke

9. Birthplace: Montreal Canada
(City, town, or county) (State or foreign country)

10. Usual occupation: Banker

MOTHER FATHER {
11. Industry or business: Banker
12. Name: Martin Maher
13. Birthplace: Tippahway Ireland
14. Maiden name: Mary McPartland
15. Birthplace: Ireland

Other conditions: g. n. w.
Major findings: g. n. w.
Of operations: g. n. w.
Of autopsy: g. n. w.
PHYSICIAN: g. n. w.

16. (a) Informant: Leo C. Maher
(b) Address: 104 E. Franklin

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?

17. (a) Rural (b) Date thereof: June 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director: Church - Archer Co
(b) Address: Liberty, Mo

While at work? (Specify type of place) (c) Means of injury: 0
23. Signature: Glenn W. Shindler (M. D. or other)
Address: Liberty, Mo Date signed: 6/14/46

19. (a) June 14 1946 (b) Minnie Hayes
(Date received local registrar) (Registrar's signature)

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

LONG

64

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-19-46

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 Edgar Ancha

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.