

S. No. 2  
FORM-2-43  
Rev. 5-17-39  
1 X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27978

State File No. \_\_\_\_\_

**FILED SEP 11 1946**  
Registration District No. 273

Primary Registration District No. 3053

Registrar's No. 122

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: McFarland Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year  
(Specify whether years, months or days)

In this community many years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps 51

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

(d) Street No. McFarland Hospital  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William M. O'Brien

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1946 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7-23 1945, to 8-16 1946

that I last saw him alive on 8-16 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation Duration \_\_\_\_\_

4. Sex mp 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct 10 1861  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Police Officer (Retd)

11. Industry or business City of Rolla

12. Name Patrick O'Brien

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

14. Maiden name None

15. Birthplace Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Jarrett

(b) Address 911 Cedar St. Rolla Mo

17. (a) Burial (b) Date thereof 8-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cem.

18. (a) Signature of funeral director Rolla Mo

(b) Address \_\_\_\_\_

19. (a) Aug 23 1946 (b) Mrs. Juanita Harvey  
(Date received local registrar) (Registrar's signature)

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

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

Other conditions Serulity  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of job) (Specify type of injury)

23. Signature William M. O'Brien (M. D. or other) \_\_\_\_\_

Address Rolla Mo Date signed 8-20-46

252 (Licensed Embalmer's Statement on Reverse Side)

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

26887

**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.....

James B. Abernathy....., Registered Apprentice No. 419  
working under my personal supervision.

Signed D. B. Jones.....

Licensed Embalmer No. 2294.....

P. O. Address Roller 1116.....

**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.**