

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 16 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33212**  
Registrar's No. **98**

Registration District No. **116**

Primary Registration District No. **3020**

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)  
In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 31  
(c) City or town Rural Pacific R# 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highway T (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John C. Maher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February 14, 1863

(Month) (Day) (Year)

8. AGE:

Years 83

Months 7

Days 21

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

Ireland 4  
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Own farm

12. Name

James Maher

13. Birthplace

(City, town, or county)

Ireland 4  
(State or foreign country)

14. Maiden name

Mary

15. Birthplace

(City, town, or county)

Ireland 4  
(State or foreign country)

16. (a) Informant

Mrs. Amanda Maher

(b) Address

Pacific, Mo. R # 1

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Oct. 8, 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation

Bethel Cem., Pond, Mo.

18. (a) Signature of funeral director

Schrader Funeral Home

(b) Address

Ballwin, Mo.

19. (a) 10/5/46

(Date received local registrar)

(b) [Signature]  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5, year 1946 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 29 Sept 1946 to Oct 5 1946

that I last saw him alive on Oct 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

ZIREMIA

Duration

48 hrs

Due to

Hypertrophic prostatic

Due to

Other conditions

Hypertension  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy 137A

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

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 (i)

23. Signature [Signature]

Pacific (D. O. number)

Address

Date signed 10/5/46

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

32040

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 10-12-46

MAR 26 1947

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, 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.