

3. No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34596

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

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 326

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yrs. 8 mos. 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Farmington RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNIE McMAHON

3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race W.  
6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. May 2, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 5 3 hr. min.

9. Birthplace Irondale, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Patrick Francis McMahon

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

14. Maiden name Catherine Shields

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 10-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Calvary Cem., Farmington, Mo.

18. (a) Signature of funeral director Cozean's Funeral Home  
Farmington, Missouri

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

19. (a) 10-19-46 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25  
year 1946 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from  
Feb. 4, 1939 19\_\_\_\_ to Oct. 5, 1946 19\_\_\_\_;  
that I last saw her alive on Oct. 5, 1946 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arteriosclerosis - Generalized  
& marked

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

Other conditions Psychosis - Senile  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No autopsy.

Duration  
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 place)

(e) Means of injury 0

23. Signature James H. ... (M. D. or other) \_\_\_\_\_

Address Farmington Date signed 10/16/46

249 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4  
Number 1046-2797  
10-28-46

**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 C. A. Brown  
Licensed Embalmer No. 74084  
P. O. Address Farmington

**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.**