

FILED NOV 25 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 402

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Firksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. 11 mo
(Specify whether years, months or days)
In this community Many years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Firksville
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 N Luther
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE EVERETT O'ROURKE

3. (b) If veteran, name war - 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug 7 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business odd jobs

12. Name (unknown) O'Rourke

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

14. Maiden name Alma Vandenberg

15. Birthplace Adair County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hattie O'Rourke

(b) Address Firksville Missouri

17. (a) Burial (b) Date thereof 11-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leicester Mo

18. (a) Signature of funeral director Summers & Powell

(b) Address Firksville Missouri

19. (a) 11-12-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st
year 1946 hour 7:10 minute P M.

21. I hereby certify that I attended the deceased from 1938
..... 19..... to Nov 1st 1946

that I last saw him alive on Nov 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration

Due to arterio sclerosis (general)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 74A

Of autopsy

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 2

23. Signature W. J. Danner M.D. or other

Address Firksville Mo Date signed 11/3/46

RECEIVED
Mississippi Health Officer No. 10
Mississippi Health Officer No. 10
Date Filed NOV 22 1946

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 W. L. Summers

Licensed Embalmer No. 2159

P. O. Address Tuskville, 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.