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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 4 1946**  
Registration District No. 53

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36202  
Registrar's No. 400

Primary Registration District No. 3010

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

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution: St. Francis Hospital  
(d) Length of stay: 3 days  
In this community all life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(d) Street No. 1004 N. Spring  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Ralph Mahy Jr.  
(b) If veteran, name was \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 24 year 1946 hour 10 pm minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Nov 22 1946 to Nov 24 1946  
that I last saw him alive on Nov 24 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Colitis  
Duration 10 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

7. Birth date of deceased: Nov 8 1946  
8. AGE: Years 16 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau Mo.  
10. Usual occupation Child  
11. Industry or business \_\_\_\_\_  
12. Name Joseph R. Mahy Jr.  
13. Birthplace Cape Girardeau Mo.  
14. Maiden name Prudence E. Farrow  
15. Birthplace Prudence Mo.  
16. (a) Informant Joseph R. Mahy Jr.  
(b) Address Cape Girardeau Mo.  
17. (a) Burial (b) Date thereof 11-25-46  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director Earl H. Howell  
(b) Address Cape Girardeau Mo.  
19. (a) 11-30-1946 (b) C. C. Summers

Major findings: Of operations 119A  
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 (1)  
23. Signature J. Cochran M.D. (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Mo. Date signed 11/29/46

RECEIVED

District Health Officer No. 4  
File Number 1246-2934  
12-2-46

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**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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**