

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
Registration District No. 155

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **41059**
Primary Registration District No. **4244**
Registrar's No. **190**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Carterville**
(c) Name of hospital or institution:
115 West Wilson
(d) Length of stay: In hospital or institution **1**
In this community **25 yrs.**

3. (a) PRINT FULL NAME **Timothy P. OBrian**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Thersa OBrian** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 15 1856**

8. AGE: Years **90** Months **2** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **London England**
10. Usual occupation **Retired Lumber dealer**

11. Industry or business _____
12. Name **Dennis O. Brien**
13. Birthplace **London England**
14. Maiden name **No Data.**
15. Birthplace **England**

16. (a) Informant **Thersa O. Brien (wife)**
(b) Address **115 W. Wilson St. CARTERVILLE**
17. (a) **Burial** (b) Date thereof **12/27-46**
(c) Place: burial or cremation **Mt. Hope Cemetery**
18. (a) Signature of funeral director **Hedge-Lewis**
(b) Address **Webb City Mo**

19. (a) **DEC. 27; 46** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carterville**
(d) Street No. **115 W. Wilson**
(e) Citizen of foreign country? **Yes**
If yes, name country **London England**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **24**
year **1946** hour **9** minute **55** a.M.
21. I hereby certify that I attended the deceased from **12-5-46**
to **12-24-46**
that I last saw him alive on **12-24-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Due to _____
Due to _____

Other conditions: _____
Major findings: _____
Of operations: _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ Means of injury _____
Signature **[Signature]** (M. D. or other) **Do.**
Address **Carterville Mo** Date signed **12/26/46**

WRITE PLAINLY—USE **COPIED** BLACK INK—MAKE A PERMANENT RECORD

49
4
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

137

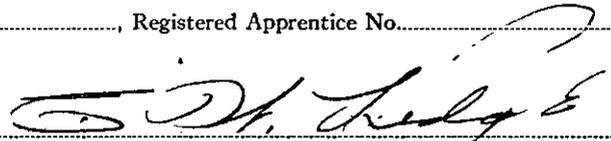
(Licensed Embalmer's Statement on Reverse Side)

46-12-1086

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.....



Licensed Embalmer No. 2859

P. O. Address Webb City, 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.