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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41317

FILED JAN 14 1947

Registration District No. 26

Primary Registration District No. 3048

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown St. Michael
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town 306 N. Main
(If outside city or town limits, write "RURAL")

(d) Street No. Fredericktown, Mo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillah Ireland

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

20. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1946 hour 9:20 minute _____ P. M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John Ireland

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

7. Birth date of deceased: May 11 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 1946, to 27 Dec. 1946
that I last saw u alive on 27 Dec. 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 7 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial rupture due to old infarction.

Due to _____

Due to _____

9. Birthplace Madison Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Cardiovascular renal disease
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Jasper Seabell

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

14. Maiden name Brown

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

Major findings: 131 A

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Essie Ireland

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Christian

18. (a) Signature of funeral director Walt Holt

(b) Address Fredericktown, Mo

19. (a) 1-7-1947 (Date received local registrar) (b) Abner Nichols (Registrar's signature)

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 _____

23. Signature Joseph J. Likas (M. D. or other) MD

Address Fredericktown, Mo Date signed 30 Dec 46

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

MOTHER FATHER

181

RECEIVED

Health Officer No. 4

Number 147-67

1-13-47

OCT 8 1956

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 John H. Helt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, MD

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.