

FILED FEB 13 1947
Registration District No. _____

Primary Registration District No. 4508

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Galena
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community include yrs years, months or days)

3. (a) PRINT FULL NAME Tedford O'Connor

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex male 5. Color or race wh

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive Dead years _____ (Day) _____ (Year) _____

7. Birth date of deceased Nov 22 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Pharmacist

11. Industry or business _____

MOTHER FATHER { 12. Name Elijah O'Connor

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

14. Maiden name Dr. Elizabeth O'Connor

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

16. (a) Informant Clarence Duffie

(b) Address Galena

17. (a) Burial (b) Date thereof Dec 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena

18. (a) Signature of funeral director Everett J. Cheatham

(b) Address Galena Mo

19. (a) Jan 1 - 47 (b) Lena Murray-Dep
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104

(c) City or town Galena
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov-29
1946, to Nov 29 1946
that I last saw alive on Nov 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hemiplegia
& stroke

Due to _____
Hypertensive

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations g d

Of autopsy _____

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 J. Murray (M. D. or other) _____
Address Galena Mo Date signed Jan 1 47

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

42508

RECEIVED

District Health Officer No. 6;

District File Number 247-213

Date Filed FEB 11 1947

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 Everett J. Cheatham

Licensed Embalmer No. 3870

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.