S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1947

Registration District No. 1347

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3870

Primary Registration District No. 5055

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cappo Creek Rural
(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 —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry

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

(d) Street No. South R. 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME John Flaherty

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife —

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

7. Birth date of deceased 6 (Month) 6 (Day) 1873 (Year)

8. AGE: Years 73 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Canton (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Martin Flaherty
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary Coyne
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs. Jess Roberson
(b) Address Purse City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 20 (Day) 47 (Year)
(c) Place: burial or cremation St Patricks Cemetery

18. (a) Signature of funeral director William Wassell
(b) Address Purse City Mo.

19. (a) 2-22-47 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1947 hour about 9 minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Apparently a heart attack	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 95C	

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature J. H. Buchanan Coroner

Address Monett, Mo. Date signed 2-19-47

12

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 347-280
Date Filed MAR 3 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 me, Registered Apprentice No. , working under my personal supervision.

Signed Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.