S. No. 2
-12-45
5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

Registration District No. 294

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 5830

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 605 So 5th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 1 6
(If outside city or town limits, write "RURAL")

(d) Street No. 605 So. 5th St 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret O'Keefe

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Abt. 82 Months Days If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER 12. Name William O'Keefe 4

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

MOTHER 14. Maiden name Margaret O'Connell

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

16. (a) Informant Miss. Anna O'Keefe

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17th 47 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Feb 17 47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th year 1947 hour 2 minute 45a M.

21. I hereby certify that I attended the deceased from 15 Feb, 1947 to, 19; that I last saw her alive on 6 mo ago, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations N.A.

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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature J. Will Fleming (M. D. or other)

Address Moberly Mo. Date signed 16 Feb 47

264

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1948

OCT 31 1956

JUN 23 1960

RECEIVED
District Health Officer No. 10
District File Number 3-47-434
MAR 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 Frank D. Mett

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.