

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9840**
Registrar's No. **26**

FILED MAR 26 1947
Registration District No. **175**

Primary Registration District No. **4275**

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

1. PLACE OF DEATH: **Lawrence**
(a) County **Lawrence**
(b) City or town **Marionville**
(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 **28 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Lawrence**
(c) City or town **Marionville**
(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.

3. (a) PRINT FULL NAME **Mary Menogue**
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **18**
year **1947** hour **8** minute **25** P. M.

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 **31** years
7. Birth date of deceased **Oct 1858**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 1947**
21st 1946 to **3-18** 1947
that I last saw her alive on **3-18** 1947
and that death occurred on the date and hour stated above.
Immediate cause of death **Septo - State Pneumonia**
Duration **2 days**

8. AGE: Years **88** Months **4** Days **15**
If less than one day hr. min.

Due to **Circulatory failure** 2 weeks
Due to

9. Birthplace **Palmyra N.Y.**
(City, town, or county) (State or foreign country)
10. Usual occupation **house work**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **III**
Of autopsy

11. Industry or business
12. Name **John Menogue**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **W. R. King**
(b) Address **Marionville, Mo.**
17. (a) **Burial** (b) Date thereof **3-21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Verona Mo.**
18. (a) Signature of funeral director **J. B. Durridge**
(b) Address **Marionville, Mo.**
19. (a) **3-21-47** (b) **Orla Mc Nott**
(Date received local registrar) (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 **John H. Barnes** (M. D. or other) **llc.**
Address **Marionville, Mo** Date signed **3-20-47**

RECEIVED

District Health Officer No. 6,

District File Number

347-370

Date Filed

MAR 24 1947

MAR 24 1947

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..... *Herman Surridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville 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.