

FILED JUL 29 1947

Registration District No. **47**

Primary Registration District No. **5372**

Registrar's No. **21**

1. PLACE OF DEATH:
(a) County **DeKalb**
(b) City or town **Weatherly Adams 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. years, months or days)

3. (a) PRINT FULL NAME **Hugh Edward Rooney**
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rhoda** 6. (c) Age of husband or wife, if alive, years **6**
7. Birth date of deceased **7 7 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 29 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **John Rooney**
13. Birthplace **Dont know** (City, town, or county) (State or foreign country)
14. Maiden name **Margaret Lavonia**
15. Birthplace **Dont know** (City, town, or county) (State or foreign country)

(a) Informant **Mrs H.E. Rooney**

(b) Address **Weatherly Mo**

17. (a) (Burial, cremation, or removal) (b) Date thereof **7 9 47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Christian Chapel**

18. (a) Signature of funeral director **Mrs Kate Sharp**

(b) Address **Weatherly Mo**

19. (a) Date received local registrar **7-10-47** (b) Registrar's signature **A. L. Lusk**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **DeKalb**
(c) City or town **Weatherly Adams Township**
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**
year **1947** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 12, 1947** to **July 6, 1947**
that I last saw him alive on **July 30, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion 15 min.**
Due to **Coronary Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94A**

Of autopsy

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) (c) Means of injury **2**

23. Signature **Harold Taylor** or other **Ed**
Address **Mayville Mo** Date signed **7-6-47**

DISTRICT HEALTH OFFICE
Camden, Mo.

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.....

L. O. Richesson

Licensed Embalmer No. *3302*

P.O. Address *Gallatin, 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.