

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25221

State File No. ....

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 233

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Rural Rt. 2 ST. FRANCOIS TWP.  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 86 years, months or days

3. (a) PRINT FULL NAME MARY AGNES DAVID

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 widowed  
6. (b) Name of husband or wife Jewrl David 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 1 1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Irondale No.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Michael Donlin  
13. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Shields  
15. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Corbin David  
(b) Address St. Louis, Mo.

17. (a) burial (b) Date thereof: 7/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation K-P Cen. Farmington, Mo.

18. (a) Signature of funeral director Miller Funeral Home  
(b) Address Farmington, Mo.

19. (a) 7-12-47 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94  
(c) City or town Rural Rt. 2 0  
(If outside city or town limits, write "RURAL") (If rural, give location) 0  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2  
year 1940 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1940 to July 2, 1947  
and that I last saw her alive on July 2, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure

Due to Arteriosclerotic Heart Disease

Due to General arteriosclerosis & Senility

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature F. Reiland Coover (M. D. or other) MD  
Address Farmington, Mo. Date signed 7-5-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECORDED

District Health Officer No. 4  
District File Number 747-944  
Date Filed 7-21-42

**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 Paul Heyal  
Licensed Embalmer No. 4120  
P. O. Address Lanham Md

**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.**