No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 32

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33669

Primary Registration District No. 3006

Registrar's No. 269

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 1618 Amelia None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 85 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1618 Amelia St. 4
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME MARY CATHERINE HORAN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F. /

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Jan (Month) 12 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	9	1	..... hr. ..... min.

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

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name Peter Horan
13. Birthplace Lreland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Clara Norman /
15. Birthplace ..... (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant Mrs. Geo. T. Kline
(b) Address ST LOUIS Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 15 47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetary

18. (a) Signature of funeral director Parker Funeral Service
(b) Address 18 N 10 St. Columbia Mo.

19. (a) 10-16-47 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1947 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 9, 1947, to Oct. 11, 1947
that I last saw her alive on Oct. 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death General debility
Gradual weakness, early
symtoms - dysphagia
~~Due to~~ beginning nephritis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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 ~~Oct 13~~

(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 21

23. Signature Florence L Frenchee (M. Dyer other) D.O.
Address 1304 Bdwy Date signed Oct. 14, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-23-47
JAN 26 1948

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia 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.