

No. 2  
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X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37104**  
Registrar's No. **1344**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hospital # 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 yrs 5 mos 20 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frances I Cahill**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **ML**

4. Sex **Female** 5. Color of race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **James Owen Cahill**  
6. (c) Age of husband or wife if alive **Deceased** years  
7. Birth date of deceased **sex 21 1869**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **24**  
If less than one day hr. min.

9. Birthplace: **Detroit Mich**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business **at home**

12. Name **James Mc Donnell**

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

14. Maiden name **Annal Madon**

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

16. (a) Informant **Mrs Virginia Fowler**

(b) Address **2900 N. 11th St. St. Joe Mo**

17. (a) **burial** (Burial, cremation, or reburial) (b) Date thereof **10-15-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Camden City Mo.**

18. (a) Signature of funeral director **W. B. Goss**

(b) Address **1800 E. Liverpool St. St. Joe Mo.**

19. (a) **11-13-47** (Date received local registrar) (b) **G. L. Jenkins** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Jackson**  
(c) City or town **Camden City Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4314** **East**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **15**  
year **1947** hour **1** minute **25** a. m.

21. I hereby certify that I attended the deceased from **Jan 1**, 1947 to **10-15**, 1947  
that I last saw her alive on **10-14**, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**  
**bronchocystitis**

Due to **arteriosclerosis** 10 yrs

Due to \_\_\_\_\_

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 **W. B. Goss** (M. D. or other) \_\_\_\_\_

Address **State Hospital # 2** Date signed **10/15/47**

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

**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 *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *KC-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.**