. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 11 1948
Registration District No. 29

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 2097
Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 514 W. Logan
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 514 W. Logan
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Sheahan
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 3rd (Day) 1869 (Year)

8. AGE: Years 79 Months — Days 28 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Athome
11. Industry or business
FATHER
12. Name John McNamara
13. Birthplace Conn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Briget Frawley
15. Birthplace Conn. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Mary Sheahan
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairfield Iowa
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) Feb 3-48 (Date received local registrar) (b) Leah Williams Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1948 hour 3 minute 20 a.m.

21. I hereby certify that I attended the deceased from Jan 1st 48, 19, to Feb. 2nd 1948; that I last saw her alive on Feb. 2nd 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Hypertensive Heart disease	
Right lower lobe Pneumonia	5 da
Due to	
Due to Hypertension.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
(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
23. Signature [signature] (M. D. or other)
Address Moberly, Missouri Date signed Jan 3 '48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-267
Date Filed FEB -9 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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.