No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3823

FILED FEB 27 1948

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 54

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1202 E. Pierce
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No.: 1202 E. Pierce
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Morton A. Geoghegan
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Della Myrtle Herron
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: March (Month) 28 (Day) 1881 (Year)

8. AGE: Years 66 | Months 10 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace: Adair County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
MOTHER FATHER
12. Name: John James Geoghegan
13. Birthplace: Burban (City, town, or county) Kentucky (State or foreign country)
14. Maiden name: Nancy Dye
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Della Geoghegan
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park
18. (a) Signature of funeral director: Dee Kelly
(b) Address: Kirksville, Missouri
19. (a) 2-16-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 29 year: 1948 hour: 7:30 minute: P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to Jan. 29, 1948, that I last saw b. alive on Jan. 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis with Occlusion.	Sudden death.
Due to: Chronic Myocarditis	1 year.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 9:30 P
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: Howard E. Gross (M. D. or other) D.O.
Address: Kirksville Mo. Date signed: 2-11-49

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

RECEIVED
E. [illegible] Health Officer No. 10
District File Number 2-48-360
Date Filed FEB. 25 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 D E Riley

Licensed Embalmer No. 4191

P. O. Address Kirkville 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.