S. No. 2
1—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3867

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 728 N. Clark St. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 728 N. Clark St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Edward Dermody

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Dermody

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 30.1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	22	..... hr. ..... min.

9. Birthplace Audrain County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name James Dermody 4
13. Birthplace ..... Ireland 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Harney
15. Birthplace ..... Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Dermody
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catholic, Mexico, Mo.

18. (a) Signature of funeral director Earl E Prutz
(b) Address Mexico, Mo.

19. (a) 2/23/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 8 1948
....., 19..., to Feb 21, 1948;
that I last saw him alive on Feb 18, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis

Due to Hypertension

Due to .....

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

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

131 P

Duration

PHYSICIAN

Underline the cause to 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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Frank Jolley (M. D. or other) MD

Address Mexico, Mo. Date signed 2/23/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-48-431
Date Filed MAR 4 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 Earl T. Prewitt

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.