No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 7913

Registrar's No. 391

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 Hours (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2018 Francis St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: William S. O'Brien
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mamie
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: July (Month) 26 (Day) 1886 (Year)

8. AGE: Years 61 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Barber
11. Industry or business: None
MOTHER FATHER
12. Name: Morris O'Brien
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
14. Maiden name: Mary Daily
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Mrs. W. S. O'Brien
(b) Address: 6509 Military (Omaha, Nebr.)
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 2, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman Wm Siebenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 4-2-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1948 hour 12 minute 38 A.M.

21. I hereby certify that I attended the deceased from March 30, 1948 to March 30, 1948; that I last saw him alive on March 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	Ukn.
Due to:	
Due to:	
Other Conditions: Malnutrition	1 yr
Other conditions: Senility (Include pregnancy within 3 months of death)	5 yrs

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: Oscar W. Strang (M. D. or other)
Address: The Tootle Bldg. Date signed: 1 Apr 48
St. Joseph, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Robert L Yaple

Licensed Embalmer No.....3308

P. O. Address.....St Joseph, 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.