

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8851
1230
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson Mo.
(b) City or town Keokuk
(c) Name of hospital or institution: 548 Main 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Keokuk
(d) Street No. 548 Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN O'CONNOR
3. (b) If veteran, name war no
3. (c) Social Security No. 493-12-4442

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 16
year 1948 hour 6:00 minutes M.
21. I hereby certify that I attended the deceased from
Coroner, 19 to
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced S.O.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 7 1883
(Month) (Day) (Year)

Immediate cause of death
Coronary thrombosis
Due to Atherosclerosis
Due to

8. AGE: Years 65 Months 2 Days 9 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 95%

9. Birthplace N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer--STONEMASON

11. Industry or business
12. Name Patrick O'Leannon
13. Birthplace Ireland
14. Maiden name Margaret Redmond
15. Birthplace N.Y.

Of autopsy no
phlebotomy + impaction
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?

16. (a) Informant Mrs. Mary A. Lewis
(b) Address 3842 E 68 Ave
17. (a) BURIAL (b) Date thereof 3-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

23. Signature J. F. O'Donnell (M. D. or other)
Address 1424 1/2 St. N. Y.
Date signed 3-19-48

18. (a) Signature of funeral director Sebbeto's J.F. O'DONNELL CO. (Specify type of place) While at work (c) Means of injury
(b) Address 3256 ROADWAY
19. (a) 3-18-48 (b) Deirdre Holmes (Registrar's signature) Address 1424 1/2 St. N. Y. Date signed 3-19-48

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: _____

_____ Licensed Embalmer No. 2560

P. O. Address: KE MW

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.