

S. No. 2
M-5-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18243**

FILED JUN 4 1948

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **112**

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

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 hours**
(Specify whether years, months or days) **All his life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** **97**
(c) City or town **Marshall (Rural) Township**
(If outside city or town limits, write "RURAL") **D**
(d) Street No. **RFD 4, Marshall Township**
(If rural, give location) **O**
(e) Citizen of foreign country? **No** (Yes or No) **D**
If yes, name country **#**

3. (a) PRINT FULL NAME **George A. Desmond**

3. (b) If veteran, name war **#** 3. (c) Social Security No. **#**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **#** 6. (c) Age of husband or wife if alive **#** years
7. Birth date of deceased **May 2, 1927**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 0 24 hr. min.

9. Birthplace **Saline Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **#**

MOTHER FATHER { 12. Name **Dennis B. Desmond**
13. Birthplace **Saline Co., Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret P. Keehart**
15. Birthplace **Saline Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Margaret Desmond**
(b) Address **Marshall, Mo.**
17. (a) **Burial** (b) Date thereof **5/28/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ridge Park Cemetery**

18. (a) Signature of funeral director **J. J. G. Sullivan**
(b) Address **Marshall, Mo.**
19. (a) **May 26, 1948** (b) **Sidney S. Gray**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May**, day **26th**, year **1948** hour **One** minutes **50 AM**

21. I hereby certify that I attended the deceased from **9:00** **May 26, 1948**, 19... that I last saw him alive on... 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage Caused by motor cycle accident** Duration

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death) **#**

Major findings: Of operations **no**
Of autopsy **no**
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) **Acc. death** **97**
(b) Date of occurrence **May 26, 1948**
(c) Where did injury occur? **Marshall Saline Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **Saline Co**
23. Signature **J. J. G. Sullivan** (M. D. or other)
Address **Marshall Mo** Date signed **5-26-48**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-3-48

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..... *J. Leslie Perry*.....

Licensed Embalmer No. 3235.....

P. O. Address..... Marshall, Md......

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..