FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22224

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 824

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: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 31½ Hours (Specify whether
In this community: 31 lifetime years, months or days)

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.: 2232 Eugene Field St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Maurus Hartigan
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
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: July (Month) 29 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	1	31½ hr. - min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER
12. Name: Francis X. Hartigan
13. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Aileen Owens
15. Birthplace: St. Ignatius (City, town, or county) Mont. (State or foreign country)
16. (a) Informant: Francis X. Hartigan
(b) Address: 2232 Eugene Field
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Sidenfaden
(b) Address: 1802 Union Str.
19. (a) Aug 4, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382 ea

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1948 hour 7 minute 45 p.m.
21. I hereby certify that I attended the deceased from July 29, 1948 to July 30, 1948 that I last saw him alive on July 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	1 da
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
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? Means of injury:
23. Signature: W. Roger Moore (M. D. or other)
Address: St Joseph Mo Date signed: 7/31/48

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 Elmer Thomas

Licensed Embalmer No. 2640

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.