

1. PLACE OF DEATH:

(a) County Iron
 (b) City or town Acadia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ursuline Academy
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 years (Specify whether
 In this community 15 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
 (c) City or town Acadia (If outside city or town limits, write "RURAL") 3
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mother Anita O'Leary

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

4. Sex Female 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 December 23, 1889
 (Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Bonne Terre Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Teaching

11. Industry or business _____

12. Name Thomas O'Leary 4

13. Birthplace Cook Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Emily Pratte

15. Birthplace Bonne Terre Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mother Anita Mueller

(b) Address Acadia Missouri

17. (a) Burial (b) Date thereof July 13, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ursuline Acadia, Mo.

18. (e) Signature of funeral director White Funeral Home

(b) Address Springton Mo.

19. (a) 8-2-48 (b) Aris Jones
 (Date received local registrar) (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
 year 1948 hour 1:00 minute 2 M.

21. I hereby certify that I attended the deceased from Aug. 17 1948, to July 12 1948;
 that I last saw her alive on May 3 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast
 Duration 3 yrs.

Due to _____
 Due to _____

Other conditions 50
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations Had radical operation
Sept. 1945.
 Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature Ben W. Bull (M. D. or other) M.D.
 Address Ironton, Mo. Date signed 7-15-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 848-1021
Date Filed 8-11-48

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 Lucel J. White

Licensed Embalmer No. 3212

P. O. Address Quinton, 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.