

No. 2
-1/47
5-17-39

26723

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 23 1948

Registrar's No. 246

Registration District No. 146

Primary Registration District No. 55-68

1. PLACE OF DEATH:

(a) County..... Jackson

(b) City or town..... Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence, 11520 Scarritt 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jackson 48

(c) City or town..... Sugar Creek 7
(If outside city or town limits, write "RURAL")

(d) Street No..... 11520 Scarritt 0
(If rural, give location) 0

(e) Citizen of foreign country?..... NO (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Rosalia Daghy

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

4. Sex..... female 5. Color or race..... white

6. (a) Single, widowed, married, divorced..... married

6. (b) Name of husband or wife..... Mike Daghy 6. (c) Age of husband or wife if alive..... 62 years

7. Birth date of deceased..... March 31, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	4	18	hr. min.

9. Birthplace..... Austria Hungary 11
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... self employed

MOTHER FATHER

12. Name..... Embrown 9

13. Birthplace..... Embrown 9
(City, town, or county) (State or foreign country)

14. Maiden name.....

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

16. (a) Informant..... Mr. Mike Daghy

(b) Address..... 11520 Scarritt, Sugar Creek Mo

17. (a) Burial 82348
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation..... St Marys Cem.

18. (a) Signature of registrar..... PERSON

(b) Address.....

19. (a) 8-21-48 (Date received local registrar)

(b) Registrar's signature.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug. day 19
year..... 1948 hour..... 11:25 minute..... A. M.

21. I hereby certify that I attended the deceased from 8-13, 1948, to 8-19, 1948
that I last saw her alive on 8-19, 1948
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death..... Myocardial infarction

Due to..... Carcinoma liver 6 mos.

Due to..... Cardiorenal syndrome 3 day

Other conditions.....
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 46 F

Of operations.....

Of autopsy..... Carcinoma liver

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..... M. Bernech MD
Address..... Sugar Creek Mo Date signed..... 8-19-48

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

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

Lloyd C. Carson
.....
Licensed Embalmer No. *4199*
.....

P. O. Address *Independence, 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.