. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

Registration District No. 4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32085

Primary Registration District No. 1000

Registrar's No. 1078

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: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Mo - 9 Days (Specify whether years, months or days)
In this community: 78 yrs - 6 Mo - 23 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.: 1810 Howard
(If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Mary Ann O'MEARA
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: John M. O'Meara
6. (c) Age of husband or wife if alive: No years
7. Birth date of deceased: March (Month) 20 (Day) 1870 (Year)

8. AGE: Years 78 Months 6 Days 23 If less than one day ... hr. ... min.

9. Birthplace: Unk, Michigan (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housekeeping
FATHER
12. Name: WILLIAM STEVENSON
13. Birthplace: Unknown England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: SUSAN THORNTON
15. Birthplace: Unknown England (City, town, or county) (State or foreign country)
16. (a) Informant: Thomas B O'Meara
(b) Address: 1831 Ashland Ave. St Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman Wm Sidenfaden
(b) Address: 1802 Union St. St Joseph, Mo.
19. (a) 10-14-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 13 year: 1948 hour: 9 minute: 03 A.M.
21. I hereby certify that I attended the deceased from Oct 1st, 1948, to Oct 13, 1948, that I last saw her alive on Oct 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation	1 wk
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other conditions: Senility & General Arteriosclerosis (Include pregnancy within 3 months of death)	10 yrs

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?: (e) Means of injury:
23. Signature: [illegible] M. D.
Address: State Hospital #2 St Joseph, Mo Date signed: 10/13, 1948

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 Robert R Yaple

Licensed Embalmer No. 3308

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.