

FILED FEB 23 1948  
Registration District No. **1229**

Primary Registration District No. **4560**

Registrar's No. **31**

1. PLACE OF DEATH:  
(a) County **Weight**  
(b) City or town **Norwood**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Norwood Rest Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 months**  
(Specify whether  
In this community **27 years**  
years, months or days)

3. (a) PRINT FULL NAME **MARY ANN Draphy**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **710**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Tateck G. Draphy**  
6. (c) Age of husband or wife if alive **✓** years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **84** Months **1** Days **17** If less than one day hr. min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business  
12. Name **John Quinn**  
13. Birthplace **Ireland**  
14. Maiden name **HANORA CURRAN**  
15. Birthplace **Ireland**

16. (a) Informant **Stephen Draphy**  
(b) Address **Minneapolis, Minn.**  
17. (a) **BURIAL** (b) Date thereof **12/20/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hillcrest Cemetery**

18. (a) Signature of funeral director **Russell Barber**  
(b) Address **Mtn. Grove, Mo.**  
19. (a) **Jan 4, 1948** (b) **Mrs. A. B. Worchick**  
(Date received local registrar) (Registrar's signature)  
**Wm. H. Worchick**  
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Wright**  
(c) City or town **Mtn. Grove**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **City**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **17**  
year **1948** hour **10:25** minute **17** M.

21. I hereby certify that I attended the deceased from **12/25/48** to **12/20/48**, 19 **48**  
that I last saw him **alive** on **12/20/48**, 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Disease**  
Due to **Coronary Artery Disease**  
Due to **Coronary Artery Disease**

Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations **251**  
Of autopsy **0**

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  
23. Signature **J. P. [Signature]** (M. D. or other) **530**  
Address **Wesleyan [Address]** Date signed **1/4/48**

MOTHER FATHER

Duration  
Underline the cause of which death should be charged statistically.

RECEIVED  
District Health Officer No. 6,  
District File Number 149-116  
Date Filed 1-31-49

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

No. 300  
10  
ANNEX

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1-2-5054

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 456 Registrar's No. 7

**1. PLACE OF DEATH**

a. COUNTY **WRIGHT**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **NORWOOD, MISSOURI**

c. LENGTH OF STAY (In this place) **ONE YEAR**

d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION **Millard Rest Home**

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).

a. STATE **Missouri**

b. COUNTY **Wright**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mtn Grove, Mo**

d. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED**

a. (First) **Mary** b. (Middle) **Ann** c. (Last) **Brophy**

(Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year) **Dec 17 1948**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Widowed** **8. DATE OF BIRTH** **OCT 30 1864** **9. AGE** (In years last birthday) **84** IF UNDER 1 YEAR Months **1** Days **17** IF UNDER 24 HOURS Hours **1** Min. **17**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country) **St. Louis Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **John Quinn** **13b. MOTHER'S MAIDEN NAME** **Hanora Cuniff** **14. NAME OF HUSBAND OR WIFE** **Patrick Brophy**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give year or dates of service) **None** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Joseph Brophy** **ADDRESS** **MANSFIELD, MO**

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Flu - Pneumonia**

**ANTECEDENT CAUSES** (b) **Flu**

**DUE TO (c)** **arterial sclerosis + mitral insufficiency**

**II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **Dec 16, 1948**, **1948** **to** **Dec 17, 1948**, **1948** **that I last saw the deceased alive on** **Dec 16, 1948**, **and that death occurred at** **10:30 a.m.**, **from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) **Dr. J. Vanoy** **23b. ADDRESS** **Mansfield, Mo** **23c. DATE SIGNED** **4/6 1950**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **BURIAL** **24b. DATE** **Dec 29, 1948** **24c. NAME OF CEMETERY OR CREMATORY** **HILL CREST CEMETERY** **24d. LOCATION (City, town, or county) (State)** **Mtn Grove, Mo**

**DATE REC'D BY LOCAL REG.** **4/8/50** **REGISTRAR'S SIGNATURE** **Mrs. A. R. Washburn by MW 347** **25. FUNERAL DIRECTOR'S SIGNATURE** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

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

RECEIVED APR 12 1950  
WRIGHT CO. HEALTH DEPT.  
County File Number 350-37  
Date Filed 4-15-50

5-42902

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 \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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.