

FILED MAR 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3934
Registrar's No. 11

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014

1. PLACE OF DEATH a. COUNTY <i>Atchison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Iowa</i> b. COUNTY <i>Page</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fairfax</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clarendo</i>	
c. LENGTH OF STAY (in this place) <i>2 1/2 Mos</i>		d. STREET ADDRESS (If rural, give location) <i>508 East Stewart</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Herschel Stover, Residenc</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>EMER</i>	b. (Middle) <i>LOUIS</i>	c. (Last) <i>CAHILL</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 12 1949</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 12, 1895</i>	9. AGE (In years last birthday) <i>53</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Electrical Engin</i>	11. BIRTHPLACE (State or foreign country) <i>Langdon Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>America</i>
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13a. FATHER'S NAME <i>Albert Cahill</i>	13b. MOTHER'S MAIDEN NAME <i>Alice Matt</i>	14. NAME OF HUSBAND OR WIFE <i>Florence M. Cahill</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>180-05-2936</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Donald D. Cahill</i>	ADDRESS <i>Clarendo - Iowa</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Natural Causes</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>		
	DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <i>7954</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Clarendo Iowa</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>5A</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from *18*, to *19*, that I last saw the deceased alive on *2-11*, 1949, and that death occurred at *5A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Oliver Peters</i>	(Degree or title) <i>3 Coronar</i>	23b. ADDRESS <i>Fairfax Mo</i>	23c. DATE SIGNED <i>2/12/1949</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2/14/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Clarendo Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Clarendo Iowa</i>
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DATE REC'D BY LOCAL REG. <i>2/13-49</i>	REGISTRAR'S SIGNATURE <i>Betty Cravette</i>	4	25. FUNERAL DIRECTOR'S SIGNATURE <i>Marvin H. Schaefer</i>	ADDRESS <i>Fairfax Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39

FEB 25 1950
6761 52 B 34

APR 7 1949

APR 25 1950

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.

Student

Student Embalmer

Signed

Merwin H. Schaefer

Licensed Embalmer No. *4162*

P. O. Address *Fairfax Miss*

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.