

S. No. 2
M-5-42
5-17-39
X32873

Smith
16450

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 109

FILED JUN 5 1946

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry Clinton
(b) City or town Clinton
(c) Name of hospital or institution General Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Rural
(d) Street No. Orange Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Emma J. Hanrahan
3. (b) If veteran name war
3. (c) Social Security No.

20. DATE OF DEATH: Month May, day 31
year 1946 hour 1 minute 45 A.M.

MEDICAL CERTIFICATION

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife John W. Hanrahan
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 11 13 1879

21. I hereby certify that I attended the deceased from 30 May 1946 to 31 May 1946
and that death occurred on the date and hour stated above.
that I last saw him alive on 30 May 1946

Immediate cause of death Cardiac failure
Due to Coronary occlusion
Other conditions
Major findings: Of operations
Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 66 Months 6 Days 19

9. Birthplace Henry Co Mo

10. Usual occupation Housewife

11. Industry or business

12. Name George Mariman

13. Birthplace unknown

14. Maiden name Sara Gousser

15. Birthplace unknown

16. (a) Informant John W. Hanrahan
(b) Address Brownington Mo

17. (a) Burial, cremation, or removal Rural (b) Date thereof 26-3-46
(c) Place: burial or cremation Lorry City Cem

18. (a) Signature of funeral director Fred Williams
(b) Address Clinton Mo
19. (a) 6-1-46 (b) R. H. Kemyy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (c) Means of injury
23. Signature R. H. Kemyy (M. D. or other)
Address Clinton Mo Date signed 1-2-46

120

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
15500

RECEIVED
District Health Officer No.
District File Number 5-46-507
Date Filed 6-4-46

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 *Fred W. Johnson*
Licensed Embalmer No. *2478*
P. O. Address *Clinton, 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.