

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

1. PLACE OF DEATH:

(a) County Hennepin

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hennepin

(c) City or town Brownington
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Fannie Kerrigan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
year 1947 hour 11 minute A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 1-8-1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 29, 1946, to March 24, 1947.
that I last saw her alive on March 8, 1947.
and that death occurred on the date and hour stated above.

8. AGE: 69 Months 2 Days 16 If less than one day hr. _____ min. _____

Immediate cause of death: Cerebral hemorrhage Duration few minutes

9. Birthplace Brownington, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to Hypertensive Cardio-vascular disease ischemic

Due to _____

11. Industry or business _____

12. Name Hubert Shortness

13. Birthplace London, England (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Clark

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

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

16. (a) Informant Mrs. E. J. Blatter

(b) Address 507 E. Federal St. Clinton Mo.

17. (a) Burial (b) Date thereof 3-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Ed. Williams

(b) Address Clinton Mo.

19. (a) 3-26-47 (b) R. R. Kemmer
(Date received local registrar) (Registrar's signature)

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (c) Means of injury 0

23. Signature S. P. Hughes (M. D. or other) M.D.
Address Clinton Mo. Date signed 3/24/47

RECEIVED
District Health Officer No. 7,
District File Number 2-47-328
Date Filed 8-31-42

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.....

Fred Wilkinson, Registered Apprentice No. 434
working under my personal supervision.

Signed Fred Wilkinson

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.