

S. No. 300
DM - 10-47
Ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 5 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29572
Registrar's No. 201

Registration District No. 137

Primary Registration District No. 3023

12
1
2

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

1. PLACE OF DEATH:

(a) County HENRY CLINTON

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

(c) Name of hospital or institution 409 S Orchard
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry ⁴²

(c) City or town CLINTON ³
(If outside city or town limits, write "RURAL")

(d) Street No. 409 S Orchard ⁰
(If rural, give location)

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

3. (a) PRINT FULL NAME William F. Gaffney

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1948 hour 4 minute 30 P.M.

4. Sex M ⁰ 5. Color or race W

6. (a) Single, widowed, married, divorced divorced ²

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 7 6 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 27 1948 to Sept. 26 1948
that I last saw him alive on Sept. 26 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 2 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Saline Co Mo ¹¹
(City, town, or county) (State or foreign country)

Immediate cause of death Cornary thrombosis ^{1 hour}

Due to Hypertensive Coronal-vascular disease ^{when}

Due to _____

10. Usual occupation Labourer

11. Industry or business _____

MOTHER FATHER { 12. Name William Gaffney

13. Birthplace Ireland ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Cannon

15. Birthplace N Jersey ¹
(City, town, or county) (State or foreign country)

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

Major findings: Of operations None ^{h.s.}

Of autopsy None

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

16. (a) Informant G. O. Romine

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 9-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Sickman - Dunning

(b) Address Clinton Mo

19. (a) 9-27-48 (b) R. R. Remeyne
(Date received local registrar) (Registrar's signature)

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)
(e) Means of injury 0

23. Signature S. B. Weyher (M. D. or other) ^{2 D}
Address Clinton, Mo Date signed 9/27/48

RECEIVED
District Health Officer No. 7,
District File Number 9-48-1134
Date Filed 10-4-48

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.....

Robert J. Dunning....., Registered Apprentice No. 3682,
working under my personal supervision.

Signed.....

J. R. Hooney
Licensed Embalmer No. 3682

P. O. Address..... Calhoun, 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.