WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

51

[illegible] 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43535
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson

(b) Township Jefferson
or
(c) City

Registration District No. 14
Primary Registration District No. 3587
Registered No. 8

(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Patrick Daley

(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland West Virginia

FATHER
13. NAME John Daley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

MOTHER
15. MAIDEN NAME Mary Hefern
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

17. INFORMANT (ADDRESS) John Daley Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE Dec. 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Huston-Turner 319 Windsor, Mo.

20. FILED Dec 16 1938 J. Jennings Jr.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-10, 1938, to Dec-15, 1938
I last saw him alive on Dec 1, 1938. Death is said to have occurred on the date stated above, at 12:20 p m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Mitral Stenosis

Date of onset

Other contributory causes of importance:
Pulmonary with Fluid in cavity

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) H. Newell, M. D.
(Address) Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

50M-9-1938 I X16605

RECEIVED
District Health Officer No. 8
District File Number 11/6/39
Date Filed

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 Ellen M. Huston, Registered Apprentice No. ....., working under my personal supervision.

Signed Ellen M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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, above space should be left blank.