

REC'D APR 20 1939

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

11536

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 3029 Registered No. 111
 (c) City Harrison or (d) Street No. ST Elizabeth Hospital 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 Michael J. O'Hearn

(a) Residence, No. 2405 Chestnut St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
39 11 24 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machineist
 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) Palmox, Mo 013. NAME Michael J. O'Hearn 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmox, Mo 015. MAIDEN NAME Mary B. Correll16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison, Mo17. INFORMANT Helen O'Hearn
(ADDRESS) 2405 Chestnut Harrison, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE 3-25-3919. FUNERAL DIRECTOR (NAME) James O'Connell
(ADDRESS) St. Marys20. FILED Mo 31, 1939 H. C. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 - 193922. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to March 23, 1939I last saw him alive on March 23, 1939. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance: 108

Name of operation Date of

What test confirmed diagnosis? 3 in Was there an autopsy? No

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) J. O'Connell, M. D.(Address) St. Marys

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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Nashua, NH

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.