SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28998

Registration District No. 502 Primary Registration District No. 4305 Registrar's No. 25

1. PLACE OF DEATH:

(a) County: Linn

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

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

(d) Length of stay: In hospital or institution 16 Days (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John O'Connor

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary O'Shaughnessy 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 26 1869 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

10. Usual occupation

11. Industry or business Retired Farmer

FATHER 12. Name Joseph O'Connor

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

MOTHER 14. Maiden name Mary Malley

15. Birthplace County Cork Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Catherine Donovan

(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Ceme

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline Mo

19. (a) 8-14-40 (Date received local registrar) (b) Alice L Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1940 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 28, 1940, to Aug 13, 1940; that I last saw him alive on Aug 13, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	5 da
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	5 yrs.

Major findings:
Of operations
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G B Putman (M. D. or other) M.D.

Address Marceline Date signed 8/15/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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RECEIVED
District Health Officer No. 11,
District File Number 440-1414
Date Filed SEP 12 1940

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. 1909,
working under my personal supervision.

Signed Blanche M Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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.