

REG. 11 1940 838

Primary Registration District No. 1098B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Liberty Twp.
(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 _____
years, months or days) 2

3. (a) PRINT FULL NAME Maggie Jane O'Hare

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Martin H. O'Hare 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 25 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 5 hr. _____ min.

9. Birthplace Daviess Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 1

12. Name George Egbert 9

13. Birthplace Penn. Sprain
(City, town, or county) (State or foreign country)

14. Maiden name No. Record

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

16. (a) Informant Martin H. O'Hare

(b) Address Dudley, Mo.

17. (a) Removal (b) Date thereof 11-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin, Mo.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 10-31-40 (b) Jennie Ruston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town 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. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1940 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from 10-8-1940
to 10-30-1940
that I last saw him alive on 10-25-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Atrophic Sclerosis of liver

Due to ?

Due to Senility

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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) M.O.

(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? 755

While at work? _____ (Specify type of place)
(g) Means of injury _____

23. Signature C. Frank Robine (M. D. or other) M.D.
Address Dudley Mo Date signed 10/31/40

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

RECEIVED

District Health Officer No 2

District File Number 1240-177

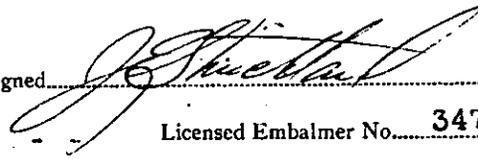
Date Filed 12/9/40

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 ~~XXXX~~

J. E. Strickland, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.