

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 6 1942

Registration District No. 47

Primary Registration District No. 5157

Registrar's No. 341

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

1. PLACE OF DEATH: **CALLAWAY**

(a) County **CALLAWAY**

(b) City or town **RURAL (UNINCORPORATED)**
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **CALLAWAY**

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

(d) Street No. **STEEDMAN, MO**
(If rural, give location)

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

3. (a) PRINT FULL NAME **John Kern Desmond**

3. (b) If veteran, name war **1918** 3. (c) Social Security No. **No**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MAUDE (Rose) Desmond** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Oct. 11 1878**
(Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **MONTGOMERY CITY MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Desmond**

{ 13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **U.N.K. NANN EMMAS SISTERS**

{ 15. Birthplace **MONTGOMERY CO. MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS JOHN DESMOND**

(b) Address **STEEDMAN, MO.**

17. (a) **BURIAL** (b) Date thereof **Oct. 21, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **STEEDMAN, MO**

18. (a) Signature of funeral director **Wm. J. Murphy**

(b) Address **700 Cant St. Fulton, Mo.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **19**
year **1942** hour **7** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Jan 28 1942** to **Oct 19 1942**
that I last saw him alive on **Oct 2 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Left Lung.**

Due to _____
Due to _____

Other conditions **Widow's mother.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **H 7 d**

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

23. Signature **Wm. J. Murphy** (M. D. or other) _____
Address **Fulton Mo.** Date signed **10-21-42**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Ellie J. Mansin

Licensed Embalmer No.....

2725

P. O. Address.....

Fulton, 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.