

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC. 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42161

State File No.

Registration District No. Primary Registration District No. Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Blodgett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether
 In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Scott
 (c) City or town Blodgett
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Richard Hanigan
 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased October 1 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 2 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
 12. Name Aue Hanigan
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Lillian Ferrest
 15. Birthplace Matthews, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Aue Hanigan
 (b) Address Blodgett, Missouri

17. (a) Burial (b) Date thereof Oct 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park, Lillbourn

18. (a) Signature of funeral director Grover Ferrigan

(b) Address Malden, Missouri

19. (a) (Date received local registrar) Miss J. Neustadt
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1942 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct 1 - 1942
 19... to Oct 3 19...
 that I last saw him alive on Oct 1 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death infarction, congenital
 Duration

Due to

Due to 161a

Other conditions 161a
(Include pregnancy within 3 months of death)

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?

23. Signature W. H. Presnell (Specify type of place) (M. D. or other)
(e) Means of injury
 Address Blodgett Mo. Date signed

1220

RECEIVED

District Health Office No.

District File Number 1242-170

Date Filed 12-18-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.