

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FEB 11 1943
Registration District No. 294

Primary Registration District No. 6010

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Randolph

(b) ~~City~~ town ship of Sugar Creek
(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 years, months or days) 70 years (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) ~~City~~ township of Sugar Creek
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mary Ann White

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 Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 17th 1862
(Month) (Day) (Year)

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

80 9 22 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Michael Conroy

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

14. Maiden name Mary O'Rourke

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

16. (a) Informant Mrs Wm Kellock

(b) Address RFD. Moberly, Mo

17. (a) Burial (b) Date thereof Jan 12th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly, Mo

19. (a) 1-12-43 (b) Anna Male
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 1-9-1943 19____ to 1-9-1943 19____;
that I last saw him alive on 1-9-1943 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
critical anoxia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

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? _____

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

23. Signature R Williams (M. D. or other) _____

Address Moberly, Mo Date signed 1-10-43

RECEIVED

District Health Officer No. 10

District File Number 2-43-213

Date Filed FEB 10 1948

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.