

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8849

State File No. _____

FILED FEB 16 1943

Registration District No. 178.

Primary Registration District No. 5659

Registrar's No. 112

56
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Canton *Rural*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(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 Lewis 56

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAMES Lisha James Mc DERMOTT

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26
year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 1-12
1943, to 1-26 1943

that I last saw him alive on 1-24 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Grace White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 24 1862
(Month) (Day) (Year)

Immediate cause of death mitral Regurgitation Duration 2 yrs.

8. AGE: Years 80 Months 5 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Lewis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business FARMING

12. Name PATRIK M. DERMOTT

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

14. Maiden name MARY LOGSDON

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

16. (a) Informant Mom Mc Dermott

(b) Address Canton Mo

17. (a) Burial (b) Date thereof 1 27 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTON

18. (a) Signature of funeral director Mr Kelly

(b) Address Canton Mo

19. (a) 1-29-43 (b) G. W. Jamison
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Her heart stopped
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr Paul Potts (M.D. or other) Dr P
Address Canton Mo Date signed 1-27-43

RECEIVED

District Health Officer No. 10

District File Number ~~31000~~ - 265

Date Filed -----

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.....

W. E. Kelly

Licensed Embalmer No.....

1953

P. O. Address.....

Canton MD

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.