

S. No. 2
OM-2-43
5-17-39
I X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24424
Registrar's No. 749

FILED AUG 5 1943

Primary Registration District No. 1058

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 514 South 12th
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Francis Clarence O'Donoghue
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27 year 1943 hour 9 minute 44 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mary Frances O'Donoghue
6. (c) Age of husband or wife if alive --- years

21. I hereby certify that I attended the deceased from May 28, 1943 to June 27, 1943
that I last saw him alive on June 27, 1943
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Feb 14 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>13</u>	hr. _____ min.

Immediate cause of death: Cerebral Apoplexy
Due to: Cerebral Apoplexy
Due to: General

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

Other conditions: g 30
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Wholesale Fruit Man
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

Major findings: g 30
Of operations _____
Of autopsy _____

16. (a) Informant Clarence O'Donoghue
(b) Address Los Angeles, California
17. (a) Burial (b) Date thereof June 30 43
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Heruau W. Sidenfahn
(b) Address 1802 Union, St. Joseph, Mo.
19. (a) 6-30-43 (b) Rose Heizog

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature _____ (M. D. or other) _____
Address _____ Date signed 8/28/43

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

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

John L. Hurley

Licensed Embalmer No. *4050*

P. O. Address

St. Joseph 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.