

FILED JAN 10 1944
Registration District No. 188

Primary Registration District No. 5699

Registrar's No. 11

1. PLACE OF DEATH:
(a) County District
(b) City or town Rural, Franklin Township
(c) Name of hospital or institution:
Avaton Rural
(d) Length of stay: In hospital or institution _____
In this community 67 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County District
(c) City or town Rural, Avaton
(d) Street No. Franconia Township
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Berese O'Reilly
3. (b) If veteran, name war L
3. (c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 21st year 1943 hour 7 minute 76 P. M.
21. I hereby certify that I attended the deceased from Dec 20 1943 to Dec 21 1943
that I last saw her alive on Dec 20 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb - 12 - 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Due to Tobacco pneumonia
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>9</u>	_____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Michigan
10. Usual occupation at home
11. Industry or business R
12. Name Patrick O'Reilly
13. Birthplace Ireland
14. Maiden name Mary Gore
15. Birthplace Ireland
16. (a) Informant Samuel L Beecher
(b) Address R #1, Raderton mo
17. (a) Burial (b) Date thereof 12-23-43
(c) Place: burial or cremation Catholic, Leeson
18. (a) Signature of funeral director James Gordon
(b) Address Levellcoch Mo
19. (a) Dec 23-43 (b) Mrs Nan D Fullerton
(Date received local registrar) (Registrar's signature)

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 J. M. Russell (D. or other) _____
Address Charleston Mo Date signed 12/24/43

Duration 2 1/2 hrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 James D Gordon
Licensed Embalmer No. 1870
P. O. Address Lehillicoich 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.