

**FILED MAY 5 1944**  
Registration District No. **322**

Primary Registration District No. **3071**

Registrar's No. **11**

**1. PLACE OF DEATH:**  
 (a) County **Saline**  
 (b) City or town **Slater**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **none**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **no**  
 In this community **all his life** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Saline**  
 (c) City or town **Slater**  
 (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** **John Patrick Cahill**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **5th**  
 year **1944** hour **8** minute **a** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Lucinda Cahill** 6. (c) Age of husband or wife if alive **87** years  
 7. Birth date of deceased **Sept. 20th, 1859**  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **Feb 15**, 19**44**, to **Mar. 5**, 19**44**  
 that I last saw him alive on **Mar 5**, 19**44**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>5</b>	<b>15</b>	hr. _____ min.

Immediate cause of death **Hypertensive Pneumonia** Duration **28 hr**  
 Due to **Hemoptysis left** **6 mi**  
 Due to **chr. nephritis** **470**

9. Birthplace **Miami Mo. (1)**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **laborer**

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations **none** **131 hr**  
 Of autopsy **none**

**11. Industry or business**  
**12. Name** **Patrick Cahill**  
**13. Birthplace** **Ireland**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Elizabeth Seward**  
**15. Birthplace** **don't know**  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs. J. P. Cahill**  
 (b) Address **Slater, Mo.**  
**17. (a) burial** (b) Date thereof **3-6('44)**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Slater, Mo.**  
**18. (a) Signature of funeral director** **Hill Brothers**  
 (b) Address **Slater, Mo.**  
**19. (a) 5-9-44** (b) **Mrs. John Giger**  
 (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) **none**  
 (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? **None** (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** **W. E. Leonard** (M. D. or other)  
 Address **Slater, Mo.** Date signed **3-7-44**

1211

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-4-44

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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.....

*Sam M Hill*

Licensed Embalmer No. 1292

P. O. Address.....

*Slater 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.**