No. 2
—8-43
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30909

State File No.

FILED SEP 16 1946

Registration District No. 8

Primary Registration District No. 3040

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40

(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 413 Clisant Dive 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Kathryne Allene Cahill

3. (b) If veteran, name war .....

3. (c) Social Security No. 486-30-47733

4. Sex F

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Merrell L Cahill

6. (c) Age of husband ~~or wife if~~ alive 21 years

7. Birth date of deceased Jan (Month) 6 (Day) 1927 (Year)

8. AGE: Years 19 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Macon Co (City, town, or county) 10 (State or foreign country)

10. Usual occupation Office Sec.

11. Industry or business Service Laundry at Fenton

FATHER
12. Name Tom Stone
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Sue Wisdon
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant James M. Cahill
(b) Address Trenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Macon Cem Macon Mo.

18. (a) Signature of funeral director E Bechett
(b) Address Chillicothe Mo

19. (a) 9-2-46 (Date received local registrar) (b) Frances B Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1946, to Sept. 1, 1946, that I last saw her alive on Sept. 1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock Severe	2 hr
Due to Fracture of Femur bilateral + Possible skull fracture	2 hr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 170C-8
Of autopsy 28

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) Auto accident 59

(b) Date of occurrence Sept. 1-46

(c) Where did injury occur? Highway 36 (City or town) Livingston (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public place (Specify type of place)

While at work? (e) Means of injury Automobile

23. Signature Joseph Conrad (M. D. ~~or other~~) 0

Address Chillicothe Date signed Mo

171

(Licensed Embalmer's Statement on Reverse Side) Non-Collision

APR 28 1947

MAR 20 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....
Was Embalmed....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.