S. No. 2
DM—2-43
r. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16337

Registration District No. 6 Primary Registration District No. 3000 Registrar's No. 156

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1009 N. Luther St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) all of life In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Kirksville, (If outside city or town limits, write "RURAL")
(d) Street No. 1009 N. Luther St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hattie Elizabeth O'Rourke
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Geo. Everett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 16, (Day) 1877. (Year)
8. AGE: Years 69 Months 9 Days 4 If less than one day hr. min.
9. Birthplace Stahl, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
MOTHER
12. Name Celina Powell
13. Birthplace Shibley Point, (City, town, or county) Mo. (State or foreign country)
FATHER
14. Maiden name Hugh Abernathy
15. Birthplace Fairfield, (City, town, or county) Iowa. (State or foreign country)
16. (a) Informant Mrs. Marie Donnelly
(b) Address Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Greencastle, Mo.
18. (a) Signature of funeral director Summers & Lowe
(b) Address Kirksville, Mo.
19. (a) 6-3-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20, year 1947. hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from May 19, 1947, to May 20, 1947, that I last saw her alive on May 19, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration with acute Dilitation	2 days
Due to Bronchial asthma ~~Bronchopneumonia~~	Lifetime
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Howard E. Gross (M. D. or other) D.O.
Address Kirksville, Mo. Date signed 5-27-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-47-672
JUN 9 1947
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 James J. Taylor, Registered Apprentice No. 436, working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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.