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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35252

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 318

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 408 E 6th 1 (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) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 10

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

(d) Street No. 408 E. 6th 4 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John J. O'Brien

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. (Month) 6 (Day) 1880 (Year)

8. AGE: Years 67 Months 7 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Spring Fork (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Peace Officer

11. Industry or business

FATHER
12. Name Timothy O'Brien 4
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Margaret O'Sullivan
15. Birthplace ~~Margaret~~ (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs John O'Brien

(b) Address 408 E. 6th Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo.

19. (a) 9-15-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) 251 Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1947 hour 3 + minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1946 to Sept 12 1947 that I last saw him alive on 9-12 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to arterio Sclerosis	
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 J W Boger M.D. (M.D. or other)

Address Sedalia Mo Date signed 9/13/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

3:30 p.m. Sept 12

District File Number.....
Date Filed 11-6-47

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 R P McCrary

Licensed Embalmer No. 3153

P. O. Address Pedalia 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.