

No. 2
8-43
7-39
X37823

FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44679**

Registration District No. **70**

Primary Registration District No. **4124**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Clack**
(b) City or town **Kahoka**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 **Missouri** (b) County **Clack 23**
(c) City or town **Kahoka Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Margaret L. O'Day

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **F.M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Andrew K. O'Day** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **December 12 - 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **5** If less than one day hr. min.

9. Birthplace **Jacksonville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **at Home**

11. Industry or business _____

MOTHER FATHER } 12. Name **John Cleary 4**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Killam**

15. Birthplace **Jacksonville Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Henry Shea**

(b) Address **Kahoka, Mo 812 Franklin St**

17. (a) **Burial** (b) Date thereof **Oct-20-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kahoka Cemetery**

18. (a) Signature of funeral director **Fred Harle**

(b) Address **Kahoka Mo**

19. (a) **3/11-48** (b) **J.H. Cleary**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct 17** day _____
year **1947** hour _____ minute **8.30** M. **A**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Res cardiac
Due to **asthma**
myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **93E**

Duration _____
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 **2**

23. Signature **Perry Boster DO** (or other) _____
Address **Kahoka, Mo** Date signed **10/20/47**

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

RECEIVED
District Health Officer No. 10
District File Number 2-48-322
FEB 16 1948
MAR 12 1948
Date

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..... *Fred Kase*
Licensed Embalmer No. 1023
P. O. Address. Kansas 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.