

No. 2
-5-43
-17-39
X36671

FILED DEC 7 1948

State-File No.

Registration District No. 139

Primary Registration District No. 55-31

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural - South Union township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 miles south of Craig, Mo.
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Craig (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Renick Gaffney

3. (b) If veteran, name war None

3. (c) Social Security No. 499-12-2001

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 25, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>45</u>	<u>4</u>	<u>0</u>	hr. min.
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9. Birthplace Craig, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm labor

11. Industry or business On the farm

MOTHER FATHER

12. Name Emmett Gaffney

13. Birthplace Craig, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name May Redmon

15. Birthplace Charleston County, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Benson Gaffney

(b) Address Craig, Mo.

17. (a) Burial (b) Date thereof Nov. 27, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharp Cemetery

18. (a) Signature of funeral director Wilber L. Schobler

(b) Address Craig, Mo.

19. (a) Nov 27 1948 (b) J. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Sept 24
1948, to Nov 25, 1948

that I last saw him alive on November 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation

Due to Myocardial Failure 6 mo.

Due to Chronic Nephritis 8 mo.

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy 1977

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Dr. Benson M. Ke (M. D. or other) D.O.

Address Craig, Mo. Date signed 11/26/48

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

APR 19 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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wilbur L. Scholes*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.