

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7313**
Registrar's No. **8**

Registration District No. **571**

Primary Registration District No. **4335**

1. PLACE OF DEATH:

(a) County **Monterey**
(b) City or town **California**
(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. **50 year**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

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

4. Sex **Female** 5. Color or race **H** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **82** years
7. Birth date of deceased **Aug 4 1860**
(Month) (Day) (Year)

8. AGE: Years **81** Months **5** Days **29** If less than one day hr. min.

9. Birthplace **Marines** **0 Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Thomas Haley**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen O'Connor**

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

16. (a) Informant **John Panskey**

(b) Address **California Mo**

17. (a) **Burial** (b) Date thereof **2/15/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Center**

18. (a) Signature of funeral director **William H. Hays**

(b) Address **California Mo**

19. (a) **Feb 5 1942** (b) **Mrs. James Roth**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monterey**
(c) City or town **California 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **3rd**
year **1942** hour **3** minute **30** M.

21. I hereby certify that I attended the deceased from **Jan 31** 19 **42** to **Feb 3** 19 **42**
that I last saw him alive on **Jan 31** and that death occurred on the date and hour stated above.
Immediate cause of death **coronary constriction**

Due to.

Due to.

Other conditions. **94a**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

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) (e) Means of injury.

23. Signature **J. B. Roth Jr.** (M. D.)

Address **California Mo** Date signed **2/3/42**

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

MOTHER FATHER

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.....

H.E. Friedmeyer
2854

Licensed Embalmer No.....

P. O. Address.....

California 4mo

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.