

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **39788**

DEC 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>PUTNAM</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PUTNAM</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIONVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIONVILLE</b>	
c. LENGTH OF STAY (in this place) <b>9 DAYS</b>		<b>0860</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MONROE HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>JANE</b> c. (Last) <b>MAHONEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 13 1952</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 16 1869</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 YEAR Days <b>27</b>	IF UNDER 1 YEAR Hours <b></b>	IF UNDER 1 YEAR Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>PUTNAM COUNTY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM HENDRICKS</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH RHOADES</b>	14. NAME OF HUSBAND OR WIFE <b>SAMUEL M MAHONEY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LAWRENCE MAHONEY</b>	ADDRESS <b>UNIONVILLE, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Spleno-megaly</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Not known</b> DUE TO (c) <b>Smility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7828</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-1, 1947, to Nov 13, 1952, that I last saw the deceased alive on 11-13, 1952, and that death occurred at 5:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. W. McDonald</b>	(Degree or title) <b>Do</b>	23b. ADDRESS <b>Unionville, Mo.</b>	23c. DATE SIGNED <b>11-16-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>NOV. 16 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UNIONVILLE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>UNIONVILLE, MO.</b>
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DATE REC'D BY LOCAL REG. <b>11-26-52</b>	REGISTRAR'S SIGNATURE <b>Marcell Durbin</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>COMSTOCK FUNERAL HOME</b> BY <b>J. W. Comstock</b>	ADDRESS <b>UNIONVILLE, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

860  
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed James W Comstock  
Licensed Embalmer No. 4197

P. O. Address Unionville, 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.