

FILED MAR 13 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 14

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(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 1
In this community 65 YEARS years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PUTNAM 86
(c) City or town UNIONVILLE
(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

3. (a) PRINT FULL NAME SAMUEL McFETERS MAHONEY

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

4. Sex MALE (1) 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SARAH JANE MAHONEY 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased OCTOBER 15 1873 (Month) (Day) (Year)

20. DATE OF DEATH: Month FEBRUARY day 22 year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1946 to Feb 22 1946 that I last saw h. alive on Feb 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to apoplexy

Due to Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (320) Of autopsy

Duration Physician Underline the cause to which death should be charged statistically.

8. AGE: Years 82 Months 4 Days 7 If less than one day hr. min.

9. Birthplace MARION Co. MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation Day laborer, Retired 15 yrs.

11. Industry or business Railroad Section hand

12. Name LARENZO MAHONEY

13. Birthplace DONT KNOW 9 (City, town, or county) (State or foreign country)

14. Maiden name MARTHA DELAY 9

15. Birthplace DONT KNOW 9 (City, town, or county) (State or foreign country)

16. (a) Informant Somiel Mahoney

(b) Address UNIONVILLE, MISSOURI

17. (a) BURIAL (b) Date thereof 2/24/1946 (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (c) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, Mo. By phone Comstock

19. (a) 2-27-46 (b) M. Abell Durbin (Date received local registrar) (Registrar's signature)

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 D

23. Signature J. C. Montgomery (M. D. or other) Address UNIONVILLE Date signed

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-46-432

Date Filed MAR-1-1-1946

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

John N. Constock

Licensed Embalmer No. 3891

P. O. Address. *Thionville, 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.