

**FILED MAR 7 1945 STANDARD CERTIFICATE OF DEATH**

State File No. **5039**

Registration District No. **79**

Primary Registration District No. **5302a**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Colo Co.**

(b) City or town **Rural Marion**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Centertown, Mo. Rt #2.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **3 Yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Colo 26**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Centertown, Mo. Rt #2.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Nellie W. McIlroy**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb 15 1887**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **31** year **1945** hour **6/30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan 2** 19**46**, to **Jan 31** 19**46**  
that I last saw her alive on **Jan 29** 19**46**  
and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **11** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Garrett Walsh**

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

14. Maiden name **Julia Evens**

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

16. (a) Informant **Garrett Walsh**

(b) Address **837 W 59th Street KC Mo**

17. (a) **Burial** (b) Date thereof **Feb. 2, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic Cent. California**

18. (a) Signature of funeral director **Bowlin Funeral Home California, Mo.**

(b) Address \_\_\_\_\_

19. (a) **2-2-1946** (b) **Gra P. Hutson**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Chronic myocarditis**

Due to **Generalized arteriosclerosis**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **93d**

Duration **5 years**

**20 years**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **A**

23. Signature **Kenneth Lathan M.D.** (M. D. or other) \_\_\_\_\_  
Address **California, Mo** Date signed **2-1-46**

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

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 3-6-46

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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Earl A. Doulin

Licensed Embalmer No.

2126

P. O. Address

California, etc.

**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.**