

Registration District No. **547**

Primary Registration District No. **3079**

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **Hannibal**
(c) Name of hospital or institution: **2506 Laclede**
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(d) Street No. **2506 Laclede**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Daniel Dulany Mahan 500**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sarah M. Mahan** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **May 25 1884**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** Day **21**
year **1940** hour **2** minute **50** A. M.
21. I hereby certify that I attended the deceased from **February 21**, 19**40**, to **Feb. 21**, 19**40**.
that I last saw him alive on **Feb 21**, 19**40**, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 **8** **26** hr. min.

Immediate cause of death **Coronary Thrombosis** Duration **Immediate**
Due to **Coronary Occlusion about 3 hrs.**
Coronary Occlusion about 2 wks.
Due to **Coronary Disease about 5 mo.**

9. Birthplace **Hannibal Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Lawyer**
11. Industry or business _____
12. Name **George A. Mahan**
13. Birthplace **Marion County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Ida Dulany**
15. Birthplace **Paris Missouri**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Mary Marshall Mahan**
(b) Address **2506 Laclede**
17. (a) **Burial** (b) Date thereof **2/25/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olivet Cemetery**
18. (a) Signature of funeral director **Crawford Smith**
(b) Address **902 Broadway Hannibal**
19. (a) **2/24/40** (b) **H. C. G. Mason**
(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? **4000**
While at work _____ (Specify type of place) (e) Means of injury _____
28. Signature **J. E. Sultzman** (M. D. or other) _____
Address **Hannibal Mo.** Date signed **2/24/40**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Crawford Smith
Licensed Embalmer No. ~~3814~~ 3814
P. O. Address Hannibal Missouri

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, above space should be left blank.