. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22276

JUL 15 1940

Registration District No. 547 Primary Registration District No. ~~3079~~ 5738 Registrar's No. 186

1. PLACE OF DEATH:

(a) County Marion Mason Tpn

(b) ~~City or town~~ ~~R#1 Hannibal~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R#1 Hannibal 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion

(c) City or town Hannibal R#1
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Maud Underwood Gay

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira. 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan. (Month) 4. (Day) 1864 (Year)

8. AGE: Years 65 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace New London (City, town, or county) MO (State or foreign country)

10. Usual occupation House wife

11. Industry or business Unknown 9

FATHER
12. Name _____ 9
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Ira Gay
(b) Address R#1 Hannibal MO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 21 40 (Month) (Day) (Year)
(c) Place: burial or cremation Geneseo Ill

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal MO

19. (a) June 21 40 (Date received local registrar) (b) N C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour 11 15 minute P M.

21. I hereby certify that I attended the deceased from No medical attention, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to 92C	
Due to	
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.

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature James O'Donnell (M. D. or other) Coroner F. I. Mason
Address Hannibal MO Date signed Aug 6/19/40

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J O'Hannes

Licensed Embalmer No. 3246

P. O. Address Hannibal 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, above space should be left blank.