

SEP 23 1940  
Registration District No. 574

Primary Registration District No. 3079

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
715<sup>a</sup> Union St.  
(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 Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 715<sup>a</sup> Union St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Minnie Perl McCann 250

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

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

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

7. Birth date of deceased Oct. 2 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 9 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name William P. Marsielles

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

14. Maiden name Almeda Dyer

15. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James McCann

(b) Address 715<sup>a</sup> Union St.

17. (a) Burial (b) Date thereof July 19 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Olivet Cem.

18. (a) Signature of funeral director James D. Jones

(b) Address Hannibal, Mo.

19. (a) 8-7-40 (b) H. C. Disher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 16  
year 1940 hour 11 40 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 19 1940 to July 16 1940 that I last saw h. or alive on July 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Granulocytic myelocytosis

Due to Cocci in blood

Due to Catheteriasis with Hemolytic metastasis

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

Major findings: Of operations 58

Of autopsy None

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 \_\_\_\_\_

23. Signature B. G. Murphy (M. D. or other) \_\_\_\_\_

Address Hannibal, Mo. Date signed 8-2-40

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

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.....

*Ralph W. Clark*

Registered Apprentice No. *242*

working under my personal supervision.

Signed.....

*Michael J. Shueel*

Licensed Embalmer No. *2246*

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.