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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22155
Registrar's No. 175

Registration District No. 547 Primary Registration District No. 3029

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:
St. Elizabeth Hospital
(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. 113a Collins St.
(If rural, give location) O
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen P. O'Donnell

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. 553-10-0482

20. DATE OF DEATH: Month June day 3 year 1941 hour 1030 P. 4 minute _____ M. _____

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

21. I hereby certify that I attended the deceased from June 3 1941 that I last saw her alive on June 3 1941 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 34 years

Immediate cause of death: Acute nephritis

7. Birth date of deceased: March 17 1907
(Month) (Day) (Year)

Due to pregnancy 144 PA
Due to _____

8. AGE: Years 34 Months 2 Days 18 If less than one day _____ hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)

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

Major findings: Calcereous section
Of operations _____
Of autopsy _____

10. Usual occupation Housewife & Clerk

11. Industry or business SS. Yreage 25 to 100 Store

12. Name James Smoot

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

14. Maiden name Nellie

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

16. (a) Informant George O'Donnell
(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 6 5 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Palmyra Missouri
18. (a) Signature of funeral director H. O'Donnell
(b) Address Hannibal Missouri

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 [Signature] (M.D. or other) _____
Address [Address]

19. (a) June 4, 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

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

64
5
3
4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

X

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 Harold C. Starnell

Licensed Embalmer No. 3889

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, fact should be so stated above.