

No. 2  
1-4-41  
17-39  
X28390

FILED JUL 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22164

State File No. \_\_\_\_\_

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 184

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:  
Residence 402 South Arch  
(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. 402 South Arch  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sallie Exline Fohey

3. (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 John Fohey 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 13, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 10 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Andrew C. Browning

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

14. Maiden name Jane W. Hancock

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

16. (a) Informant Mr. John Fohey

(b) Address 402 South Arch

17. (a) Burial (b) Date thereof 6/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emden Cemetery Emden Mo

18. (a) Signature of funeral director W. C. Fisher

(b) Address 302 Broadway Hannibal  
488  
19. (a) June 11, 1941 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 10, 1940  
19\_\_\_\_ to June 9 1941  
that I last saw her alive on June 9 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to arteriosclerotic heart disease

Due to \_\_\_\_\_  
Other conditions Chronic Bronchitis  
(Include pregnancy within 3 months of death)

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

Duration \_\_\_\_\_  
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 W. C. Fisher (M. D. or other) \_\_\_\_\_  
Address 100 N. 6th St. Hannibal Date signed 6/11/41

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

MOTHER FATHER

**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 *James A. Moles*.....

Licensed Embalmer No..... 3296.....

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, fact should be so stated above.**