

S. No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11327

Registration District No. 547

Primary Registration District No. 3029

State File No. _____

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 913 Lyon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion 064
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 913 Lyon St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour _____ minute 12 PM

21. I hereby certify that I attended the deceased from _____
March 1, 1942 19____ to March 11, 1942 19____;
that I last saw him alive on March 11, 1942 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardio-vascular Renal disease ?

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 131a

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.A. Franca (M. D. or D.O.)
Address Hannibal, Mo. Date signed 4-1-42

3. (a) PRINT FULL NAME Malachy J. Feerey

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 Alice 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 8, 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Malachy Feerey

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Wm. Fred Hawley

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Brown

(b) Address 913 Lyon Hannibal mo

17. (a) Burial (b) Date thereof March 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal mo

19. (a) 4/2/42 (b) Robert W. Brown
(Date received local registrar) (Signature)

1146 (Licensed Embalmer's Statement on Reverse Side)

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

64
3
4

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 D. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address *Warrenton 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.