

FILED NOV 6 1942

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **238**

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

64
3
4

1. PLACE OF DEATH:

(a) County Maxion

(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 Hosp.
(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

3. (a) PRINT FULL NAME Alice Feeney

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, Widowed

6. (b) Name of husband or wife Malachy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 15, 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Dennis O. Meay

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

14. Maiden name M. M. Coxall

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

16. (a) Informant Anna Brown

(b) Address 910 Lyon Hannibal Mo

17. (a) Burial (b) Date thereof Sept. 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST Marys Cem.

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

(b) Address Hannibal, Mo

19. (a) 9-29-42 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Maxion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 910 Lyon
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1942 hour _____ minute 6²⁰ AM

21. I hereby certify that I attended the deceased from Jan. 1942
19 _____ to Sept. 23, 1942, 19 _____
that I last saw her alive on Sept. 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Myo-carditis

Duration 9 mo.

Due to _____

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? _____

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

23. Signature J. M. Hancock (M. D. Registrar)

Address Hannibal, Mo. Date signed 9-28-42

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'Connell

Licensed Embalmer No. *3246*

P. O. Address.....

Lambert 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.