

0. 2
4-41
7-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38591**

FILED DEC 6 1943
Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **304**

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 of 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. **2801 W. Butler**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JAMES E. McNALLY**

3. (b) If veteran, name war _____ (c) Social Security No. **486-28-7586**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**

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

7. Birth date of deceased **March 22 1905**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	6	8	_____ hr. _____ min.

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

10. Usual occupation **PLUMBER**

11. Industry or business _____

12. Name **ARTHUR E. McNALLY**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Johns Elkert**

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

16. (a) Informant **Mrs. Catherine McNally**

(b) Address **Hannibal Mo**

17. (a) **Burial** (b) Date thereof **10-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary Cemetery**

18. (a) Signature of funeral director **James D. Dwyer**
(b) Address **Hannibal**

19. (a) **10-15-43** (b) **R.W. Connor**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Oct** day **13**
year **1943** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Oct 13 1943** to **Oct 13 1943**
that I last saw him/her alive on **Oct 13 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Crushing injury to chest and abdomen**
Duration **30 min**

Due to _____

Due to _____

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

1952
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) **accident 119**

(b) Date of occurrence **Oct-13-43**

(c) Where did injury occur? **Hannibal Marion Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **No** (Specify type of place) (e) Means of injury **fall on tin**

23. Signature **J. H. ...** (M. D. or other) **Oct-15-43**
Address **Hannibal Mo** Date signed

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

MOTHER FATHER

DEC 7 1943

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 O'Donnell*
Licensed Embalmer No. *2022*
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.