S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7760

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 53

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: 1216 Lyon St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits write "RURAL") 1
(d) Street No. 1216 Lyon St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Waddell
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 J. L. Waddell
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased February (Month) 15 (Day) 1857 (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	11	13	— hr. — min.

9. Birthplace Montgomery county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name George Ayres
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Elizabeth McMillen
15. Birthplace Montgomery Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. L. L. Bibb
(b) Address 1216 Lyon, Hannibal, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director 1001 Bdway, Hannibal, Mo.
(b) Address Roy E. Schwartz
19. (a) 2/2/44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1944 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 24, 1944 to Jan 24, 1944 that I last saw her alive on Jan 24, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to Exhaustion	
Due to	
Other conditions (Include pregnancy within 3 months of death) 162	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. P. Birney (M. D. or other) M. D.
Address Hannibal Mo Date signed 1-31-44

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Bdway, Hannibal, M

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.