S. No. 2
M—2-43
-17-39
X 18697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18624

Registration District No. 20

Primary Registration District No. 3043

Registrar's No. 163

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 O Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 204 (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion 64 3

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

(d) Street No. 116 S 7th
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Rose Canella

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 Michael

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

7. Birth date of deceased March (Month) 18 (Day) ~~1944~~ 1897 (Year)

8. AGE: Years 47 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Hannibal (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Fusco
13. Birthplace — (City, town, or county) Italy (State or foreign country) 5

MOTHER
14. Maiden name Rose Quattrocchi
15. Birthplace — (City, town, or county) Italy (State or foreign country) 5

16. (a) Informant M J Canella
(b) Address 116 S. 7th Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 1944 (Month) (Day) (Year)
(c) Place: burial or cremation ST Marys Bom

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo.

19. (a) 5-12-44 (Date received local registrar) (b) R H Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 ~~year~~ 1944 hour ..... minute 9:15 P.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Appendicitis

Due to .....

Due to .....

Other conditions Acute Gonorrhoea Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations [illegible]

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 5/11/44

1141

(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 Michael J. O'Donnell

Licensed Embalmer No. 3246

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.