

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
4  
3  
4

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal  
(c) Name of hospital or institution: St. Elizabeth Hospital  
(d) Length of stay: In hospital or institution 0  
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(d) Street No. 506 Bird St.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Davie) M. Maher  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 31 year 1944 hour 3 minute 00 P.M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Ella Maher 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Feb 22 1866

21. I hereby certify that I attended the deceased from Sept 30, 1944, to Oct-31, 1944, that I last saw him alive on Oct-31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-vascular disease  
Renal

8. AGE: Years 78 Months 8 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 13/14

9. Birthplace New London Conn.  
10. Usual occupation Retired

PHYSICIAN \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Patrick Maher  
13. Birthplace Unknown Ireland  
14. Maiden name Bridget Quinlan  
15. Birthplace Unknown Ireland

16. (a) Informant Vincent Lennon  
(b) Address 506 Bird St.  
17. (a) Burial (b) Date thereof 11 3 44  
(c) Place: burial or cremation St. Marys

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Roy P. Schwartz  
(b) Address 1000 Broadway  
19. (a) 11-17-44 (b) H. W. Connor

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature H. W. Connor (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed \_\_\_\_\_

**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 Jack H. Lukan  
Licensed Embalmer No. 4110  
P. O. Address Hennepin, 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.**