. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17507

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 123

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: 604 Rock 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 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") 4
(d) Street No. 604 Rock
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Catherine Mahood
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Edward Mahood
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 11, 1869 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	7	17	hr. min.

9. Birthplace No record (City, town, or county) 9 (State or foreign country)
10. Usual occupation XX
11. Industry or business XX
FATHER
12. Name Andrew Kelso
13. Birthplace No record (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Miss Bertha Mahood
(b) Address 604 Rock Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lick Creek, Perry Missouri
18. (a) Signature of funeral director Wm. M. Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 5-1-45 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1945 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 21, 1945, to April 28, 1945; that I last saw her alive on April 25th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	8 Days
Due to Hypertensive Cardio Vascular Disease about	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
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 V. E. Sultzman (M. D. ~~or other~~)
Address 115 N 5th Hannibal Mo Date signed 4/28/45

1394 (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 George T. Bond

Licensed Embalmer No. S#&# 4373

P. O. Address 902 Broadway 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.

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Items #9, 12, 13, 14 & 15 corr. by aff. from Daughter Mary Alice Mahood - 4-13-76

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(c) Name of hospital or institution: 604 Rock
(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)

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. 604 Rock
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Catherine Mahood

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 Edward Mahood

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

7. Birth date of deceased September 11, 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 17 If less than one day hr. min.

9. Birthplace ~~No record~~ (City, town, or county) Indiana (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

FATHER
12. Name Andrew ~~Kelso~~-McCallum Mahood
13. Birthplace ~~No record~~ (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name ~~No record~~ Mariah Jane Kelso
15. Birthplace ~~No record~~ (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Miss Bertha Mahood
(b) Address 604 Rock Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/1945 (Month) (Day) (Year)
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Due to Hypertensive Cardio Vascular Disease about 1 yr

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(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 J. E. Burtzman (M. D. or other)
Address 115 N 5th Hannibal Mo Date signed 4/28/45

1394

(Licensed Embalmer's Statement on Reverse Side)