S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27893

FILED AUG 21 1945

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 202

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 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 ~~315 North St~~ Hannibal 8
(If outside city or town limits, write "RURAL")

(d) Street No. 315 North St 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Fred W. Daly

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Reta

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

7. Birth date of deceased Aug (Month) 26 (Day) 1886 (Year)

8. AGE: Years 58 Months 10 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Toronto (City, town, or county) Canada (State or foreign country)

10. Usual occupation Salesman

11. Industry or business .....

FATHER
12. Name Michael Daly
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Hannah Bursell
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs Reta Daly
(b) Address Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Center, New London, Mo.

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

19. (a) 7-19-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1945 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to July 16 1945 that I last saw him alive on July 16 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis

Due to .....

Due to .....

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
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 [signature] (M. D. or other)

Address [signature] Date signed 7/19/45

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 Jas O'Donnell

Licensed Embalmer No. 9022

P. O. Address Hamilton 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.