

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27894

FILED AUG 21 1945
209

State File No. _____

Registration District No. _____

Primary Registration District No. 3043

Registrar's No. 198

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
(c) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 605 CENTER ST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET DEMPSEY

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 SINGLE

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

7. Birth date of deceased DEC. 18. 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 26 hr. min.

9. Birthplace FOWLER ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation PATROL CLERK

11. Industry or business _____

12. Name Edward Dempsey

13. Birthplace IRLON
(City, town, or county) (State or foreign country)

14. Maiden name Anna Reynolds

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Sadie Dempsey

(b) Address Hannibal Mo.

17. (a) Buried Date thereof 6-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETER CEMETERY

18. (a) Signature of funeral director JAMES O'DONAGHUE

(b) Address Hannibal Mo.

19. (a) 7/7/45 W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1945 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 13 to June 13, 1945
that I last saw her alive on June 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to hypertension
Due to atherosclerosis
Other conditions (Include pregnancy within 3 months of death) _____

Duration
?
!
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 92%

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 W. E. M. Lucke (M. D. or other) _____
Address Hannibal Mo. Date signed June 30

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

MOTHER FATHER

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.....

James O. Daniel

Licensed Embalmer No. 2022

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.