. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1945

State File No. 27923

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 181

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: Levering 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 ~~Hannibal~~ Huntington Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Edith Ann O'Donel

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

7. Birth date of deceased March (Month) 27 (Day) 1882 (Year)

8. AGE: Years 63 Months 2 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Pike Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name John J. Russell
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Maggie
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr Cam O'Donel
(b) Address Huntington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-45 (Month) (Day) (Year)
(c) Place, burial or cremation Salt Lick Cemetery Ralls Co.

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

19. (a) 6-26-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1945 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from 11-9-, 1945 to 6-17, 1945 that I last saw her alive on 6-17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Carcinoma Sigmoid

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Sigmoid
Of autopsy 46

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) No

(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 [signature] M.D. ~~or other~~

Address Hannibal Mo Date signed 6-20-45

1544

(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.....2022

P. O. Address.....Hancock Mi

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.