

No. 2
1-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3331**
Registrar's No. **385**

FILED FEB 1 1946
Registration District No. **209**

Primary Registration District No. **3043**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10068

1. PLACE OF DEATH:

(a) County Maxion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3109 ST Marys Ave
(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

3. (a) PRINT FULL NAME Neil McIntyre

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 Sylvester (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 12, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 8 13 hr. _____ min.

9. Birthplace Hannibal MO
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Harvey Walker

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

14. Maiden name Margaret Hart

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

16. (a) Informant John McEgane

(b) Address 3109 St Marys Ave Hannibal Mo

17. (a) Burial (b) Date thereof Dec. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST Marys Cem

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal Mo

19. (a) 12-28-45 (b) JEM Lucka
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maxion **64**

(c) City or town Hannibal **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 3109 ST Marys Ave **4**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1945 hour _____ minute 9:30 **AM**

21. I hereby certify that I attended the deceased from Jan 1 1945 to Dec 25 1945
that I last saw her alive on Dec 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cor of Boreant

Due to General Sickness

Due to _____

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

Major findings:
- Of operations _____

Of autopsy _____

Duration 4

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature JEM Lucka (M. D. or other) _____

Address Hannibal Mo Date signed _____

159

Dec 28-45

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.....

Michael J. O'Connell

Licensed Embalmer No. *3246*.....

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.