V. S. No. 2
00M—5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6454

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 66

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 0
(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")
(d) Street No. 710 South Main 4
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred 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 Widowed 2
6. (b) Name of husband or wife Alice Hostetter Daly
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 24, 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	9	13	hr. min.

9. Birthplace Norwalk Ohio (City, town, or county) (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Norman Daly 1
13. Birthplace Auburn New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Huffmann
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Self, (Fred Daly)
(b) Address 710 South Main
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet
18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 2-11-46 (Date received local registrar) (b) D E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1946 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from ~~[illegible]~~ 1-7, 1946, to 2-7-46;
that I last saw him alive on 2-7-46, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardosis	4 weeks
Due to arteriosclerosis	10 yr
Due to	
Other conditions urinary retention (atonic) 4 wk (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) none
(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 J Hardesty MD (M. D. or other)
Address Hannibal Mo Date signed 2-8-46

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(Licensed Embalmer's Statement on Reverse Side)

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

5412

Standesty

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 Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal Missouri

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.