

FILED AUG 23 1946 STANDARD CERTIFICATE OF DEATH

State File No. 27742
Registrar's No. 281

Registration District No. 209 Primary Registration District No. 3043

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:
113 S 3rd /
(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 ?
(If outside city or town limits, write "RURAL")

(d) Street No. 113 S 3rd of
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Brown

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 Widow 2

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

7. Birth date of deceased May 8th 1866
(Month) (Day) (Year)

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

80 3 1 hr. _____ min.

9. Birthplace Washington Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retail

11. Industry or business _____

MOTHER FATHER

12. Name Timothy Ragax

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Daily

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mellie Cassidy

(b) Address 113 S 3rd Hannibal Mo

17. (a) Burial (b) Date thereof Aug 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Iowa

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

(b) Address Hannibal Mo

19. (a) 8-19-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1946 hour _____ minute 8 a M.

21. I hereby certify that I attended the deceased from Jan 1 - Aug 8 1946
at I last saw her alive on Aug 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration ?

Due to arteriosclerosis ?

Due to hypertension ?

Other conditions (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) _____

(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)

(c) Means of injury 6

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed _____

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

2025 01/10 07:23 11
P. O.

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 H. M. O'Hanney
Licensed Embalmer No. 2889
P. O. Address Hamibol 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.