No. 2
12-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1947

State File No. 5460

Registration District No. 2[illegible]

Primary Registration District No. 3043

Registrar's No. 72

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

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: Near Minnow Creek Bridge (on Lindell Ave)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (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. 2004 Irwin St 4
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Silas Monroe Farrel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Della

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

7. Birth date of deceased May (Month) 1 (Day) 1873 (Year)

8. AGE: Years 73 Months 9 Days If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Silas Farrel 0
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Melissa Boss 0
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr Thomas Bates
(b) Address Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive Cemetery

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

19. (a) 2-11-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1947 hour About 7 minute P M.

21. I hereby certify that I attended the deceased from —, 19__, to —, 19__;
that I last saw h__ alive on —, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries and shock

Due to By being run over by train on CB-Q RR

Due to

Other conditions Both legs severed
(Include pregnancy within 3 months of death)
below knees

Major findings:
Of operations 169.8
Of autopsy 30

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) accident 119

(b) Date of occurrence Feb 1 1947

(c) Where did injury occur? Hannibal (City or town) Marion (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Private CB-Q RR
(Specify type of place)

While at work? No (e) Means of injury 3

23. ~~Signature~~ James O Donnell Coroner ~~(M. D. or other)~~

Address Hannibal Mo Date signed

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(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.....H. M. O'Donnell.....

Licensed Embalmer No.....3889.....

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.