

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED FEB 24 1947

Registration District No. **289**

Primary Registration District No. **3043**

Registrar's No. **74**

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 **1229 a Church St 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 yrs**
 In this community **5 yrs**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Marion**
 (c) City or town **Hannibal**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1229 a Church St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **JOHN FINNIGAN**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feby** Day **6**
 year **1947** hour **2** minute **30** M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JUNE 18 1886**
 (Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death **Fractured Skull and Broken Neck** Duration _____

8. AGE: Years Months Days If less than one day
60 7 19 hr. min.

Due to **Falling down Stairs**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____ Of autopsy _____
 PHYSICIAN _____
 —Underline the cause to which death should be charged statistically.

10. Usual occupation **Day Laborer**

11. Industry or business _____
 12. Name **Benjamin F. Finnigan**
 13. Birthplace **Quincy Illinois**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Martina Dixon**
 15. Birthplace **Monroe County Missouri**
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident**
 (b) Date of occurrence **2/6/47**
 (c) Where did injury occur? **Hannibal, Marion, Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
 While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant **Dr. Willard**
 (b) Address **Monroe City Mo**
 17. (a) **Burial** (b) Date thereof **Feby 8 47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Stephens Memorial**

23. Signature **James O'Donnell**
 Address **Hannibal Mo** Date signed _____

18. (a) Signature of funeral director **Wilson + Sons**
 (b) Address **Monroe City Mo**
 19. (a) **2-11-47** (b) **Dr. E. M. Lucke**
 (Date received local registrar) (Registrar's signature)

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. W. Donnell

Licensed Embalmer No.....

3829

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.