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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27037

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 253

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: 214 South 6th
(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: 64
(a) State Missouri (b) County Marion
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 214 South 6 St 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary T. Phelan
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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 10 (Day) 1870 (Year)

8. AGE: Years 78 Months 6 Days 2 If less than one day hr. min.
9. Birthplace Hannibal (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Owen Phelan
13. Birthplace — (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary Doyle
15. Birthplace — (City, town, or county) Ireland (State or foreign country)
16. (a) Informant D. W. Phelan
(b) Address 214 S. 6th Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cem, New London, Mo. ~~St Marys Cemetery~~
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 8-13-48 (Date received local registrar) (b) Dr. E M Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1948 hour minute 2:15 P.M.

21. I hereby certify that I attended the deceased from Jan 48, to Aug 8, 1948, that I last saw her alive on Aug 8-48, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Anaemia Nephritis

Due to

Due to

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

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W P Berry (M. D. or other) MD
Address Hannibal Mo Date signed 8-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 25 1949

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.....

rking under my personal supervision.

Signed Michael J. O'Donnell

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 above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.