. No. 2
1-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30388

Registration District No. 289 | Primary Registration District No. 3043 | Registrar's No. 314

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: ST. Elizabeth Hosp.
(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. 208 S. 10th 4
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary E Forrest
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife William E.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 31 (Day) 1875 (Year)

8. AGE: Years 73 | Months — | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace ST Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business .....

FATHER
12. Name Patrick O'Fallon 11
13. Birthplace — (City, town, or county) Ireland (State or foreign country) 7

MOTHER
14. Maiden name Bridget Gallagher
15. Birthplace — (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Arthur J. Forrest
(b) Address 208 S. 10th St Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) Oct 6-48 (Date received local registrar) (b) Dr E M Luske (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23 year 1948 hour ..... minute 11 a M.
21. I hereby certify that I attended the deceased from Aug 18-48, 19..., to Sept 23, 1948, that I last saw her alive on Sept 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Pancreas + General Abdominal Ca

Due to .....

Due to .....

Other conditions ..... (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? ..... (c) Means of injury 0

23. Signature [signature] (M. D. or other)
Address [signature] Date signed Oct 2-48

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

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

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.....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 the above constitutes grounds for revocation of license.)

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