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FILED DEC 11 1941

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 306

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number of 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") 9

(d) Street No. 836 Grand Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mary A Sughru

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 Widowed

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

7. Birth date of deceased Nov 19 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days 3 If less than one day
hr. _____ min.

9. Birthplace Hannibal Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew Crawford

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

14. Maiden name Mary Lennon

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

16. (a) Informant John J Sughru

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 11/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director W. C. Fisher

(b) Address Hannibal Mo.

19. (a) 11-24-41 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1941 hour 130 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 10
1941, to Nov 22 1941;
that I last saw her alive on Nov. 22 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis

Due to..... Asphyxiated, Asphyxia

Due to..... Chromic Myocarditis

Other conditions..... Secondary anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations..... No operations

Of autopsy..... No autopsy

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?..... (Specify type of place) (Means of injury)

23. Signature W. C. Fisher (M. D. or other) MD

Address Hannibal Mo. Date signed 11-25-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....*William O. Donnell*.....

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

P. O. Address.....*Huntsville, Ala.*.....

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.