S. No. 2
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PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1942

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3029

State File No. 11323

Registrar's No. 59

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal C.T. (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 or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
In this community: Most of life time

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.: 615 Fulton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

064 3 4

3. (a) PRINT FULL NAME: Annie Doyle
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: January (Month) 4 (Day) 1866 (Year)
8. AGE: Years 76 Months 1 Days 21 If less than one day — hr. — min.
9. Birthplace: Hannibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: —
FATHER 12. Name: John Doyle
FATHER 13. Birthplace: — (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name: Ann Maher
MOTHER 15. Birthplace: — (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Mrs Ann Hardy
(b) Address: Hannibal, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary's Cemetery
18. (a) Signature of funeral director: Ray C. Schwartz
(b) Address: 1000 Edway, Hannibal Mo
19. (a) Mar 2 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1942 hour 10 minute 05 A.M.
21. I hereby certify that I attended the deceased from Nov. 24, 1942, to February 25, 1942; that I last saw her alive on February 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death:	
Bronchial Pneumonia	
Due to: Chronic myocarditis	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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):
(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: 0
23. Signature: B L Murphy (M. D. or coroner)
Address: Hannibal, Mo. Date signed 12/27/42

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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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Ohio, Hannibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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