S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14867

FILED APR 24 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 66

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

1. PLACE OF DEATH:

64 (a) County Marion

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

4 (c) Name of hospital or institution: 1300 A Broadway
(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 MO (b) County Marion 64 3

(c) City or town Hannibal 4
(If outside city or town limits, write "RURAL")

(d) Street No. Harrison Hill
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Agnes E. O'Mara

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 Dec. (Month) 13. (Day) 1867 (Year)

8. AGE: Years 76 Months 2 Days 11 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 Dennis O'Mara
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Anna Carroll
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant Mrs John O'Brien
(b) Address 1300 A Broadway, Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director James O'Brien
(b) Address Hannibal Mo

19. (a) 2/3/43 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1943 hour ..... minute 7:30 a.M.

21. I hereby certify that I attended the deceased from July 1942 to Feb - 24 1943 that I last saw her alive on Feb - 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute upper Respiratory infection — Duration 5 days

Due to 131a

Due to .....

Other conditions Cardio-Vascular-Renal Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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 .....

23. Signature [signature] (M. D. ~~or other~~)
Address Hannibal Mo Date signed March 2 43

1144

(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. Michael J. O'Donnell

Licensed Embalmer No. 3248

P. O. Address. Hannibal, Mo

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.