No. 2
-2-43
17-39
X35692

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32094

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 213

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 Hospital
(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

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4

(d) Street No. 308 S 5th
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary A. Dwyer

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 Feb. (Month) 15 (Day) 1881 (Year)

8. AGE: Years 62 Months 5 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Hannibal (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business .....

FATHER
12. Name William Dwyer
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Johana O'Connel
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Lilly Dwyer
(b) Address 308 S 5th Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Bom

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

19. (a) 7-29-43 (Date received local registrar) (b) R H Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1943 hour ..... minute 9P M.

21. I hereby certify that I attended the deceased from June 35 1943 to July 17 1943
that I last saw h..... alive on ..... 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma	?
Due to Carcinoma Breast	11 years
Due to	
Other conditions Hypertension and myocarditis (Include pregnancy within 3 months of death)	?

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

50

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 [illegible] (M. D. or other)
Address Hannibal Mo Date signed July 24 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. 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.