S. No. 2
—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27916

FILED AUG 21 1945

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 168

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~~: Severing 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ (Specify whether
In this community 6 days yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike 999

(c) City or ~~town~~ Barry rural 11
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Frank McNary

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of ~~husband~~ or wife Bertha

6. (c) Age of ~~husband~~ or wife if alive 57 years

7. Birth date of deceased April (Month) 6 (Day) 1882 (Year)

8. AGE: Years 63 Months 2 Days 4 If less than one day hr. — min.

9. Birthplace New Canton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John B. McNary
13. Birthplace New Canton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Harriet Campbell
15. Birthplace Pike (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Pearl Williams
(b) Address Barry Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Barry Illinois

18. (a) Signature of funeral director Wm M. Smith
(b) Address 902 Broadway Hannibal Mo

19. (a) 6/15/45 (Date received local registrar) (b) Dr C. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 10 year 1945 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from 6-4-45 to 6-8-45 19 ; that I last saw him alive on 6-8-45 11 a.m. (on back) and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to Chronic Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Colon

Of autopsy 46

Duration

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 [signature] (M. D. or other)

Address 1001 [illegible] Date signed 6/15/45

1394 (Licensed Embalmer's Statement on Reverse Side)

from 6-8-45 @ 11 a.m.
until death - Dr. Birney
cared for patient
He last saw him @ 5 P.M.
on 6-9-45.
Dr. Reisman left town on
vacation and Dr. Birney was
in charge from 6-8-45 11 a.m. and.

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address 702 Broadway Hewitt

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.