

No. 2
-12-45
5-17-32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1801

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 43 43

1. PLACE OF DEATH:

(a) County Maxion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 North 4th
(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 Missouri (b) County Maxion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 321 North Fourth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1947 hour _____ minute 9:30 PM.
21. I hereby certify that I attended the deceased from Nov. 21, 1946
1946, to JAN. 11, 1947
that I last saw her alive on JAN. 11, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive arteriosclerosis
Heart Disease - Blood Pressure 2 years

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97D
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Pora Mae O'Brien

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 Married

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

7. Birth date of deceased May 18 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Walter O'Brien

(b) Address 321 North Hannibal Mo

17. (a) Burial (b) Date thereof Jan. 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal Mo

19. (a) Jan 24 47 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature Ronald B. Landrum (M. D. or other) _____

Address Hannibal, Mo. Date signed 1/18/47

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 A. M. O'Connell

Licensed Embalmer No. 3889

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.