

No. 2
1/47
17

5482

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

National Office of Vital Statistics
FILED FEB 19 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Merion

(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 Hosp.
(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 Merion

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

(d) Street No. 120 O'Fallon
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Margaret E. Morris

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 Divorced

6. (b) Name of husband or wife Arnold

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

7. Birth date of deceased April 10 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Bern J. McKay

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

14. Maiden name Katherine Unknown

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

16. (a) Informant Kenneth Morris

(b) Address 120 O'Fallon Hannibal Mo

17. (a) Burial (b) Date thereof 2-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem.

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

(b) Address Hannibal Mo

19. (a) 2-12-48 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9 year 1948 hour _____ minute 5:20 A.M.

21. I hereby certify that I attended the deceased from Jan 6, 1948 to Feb 9, 1948 that I last saw her alive on 8 Feb, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to _____

Other conditions Cerebral Thrombosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsies _____

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 _____

23. Signature M. J. O'Fallon (M. D. or other) _____

Address St. Elizabeth Hospital

Duration

PHYSICIAN

Under line the cause of which death should be charged statistically.

64
3
4
0

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

MOTHER FATHER

Mo Feb 10/48

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.....
George M. Magee Jr...... Registered Apprentice No. *797*
working under my personal supervision.

Signed..... *Michael J. O'Connell*.....

Licensed Embalmer No. *3249*.....

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.