S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37345

FILED NOV 17 1948

Registration District No. 1

Primary Registration District No. 3043

Registrar's No. 346

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's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether years, months or days)

In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 914 Hill St. (If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME HENRY S. DOYLE

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Julia Doyle 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June (Month) 24 (Day) 1869 (Year)

8. AGE: Years 79 Months 4 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Minnesota (City, town, or county) (State or foreign country) 1

10. Usual occupation retired

11. Industry or business Farming

FATHER
12. Name Michael Doyle
13. Birthplace unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Gilbert
15. Birthplace unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. W. S. Doyle

(b) Address 914 Hill, Hannibal, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/9/48 (Month) (Day) (Year)

(c) Place: ~~burial or cremation~~ Devil's Lake, N. D.

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) Nov 8-1948 (Date received local registrar) (b) Dr E M Lucky (Registrar's signature) 1949

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8 year 1948 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov 1, 1948 to Nov 8, 1948 that I last saw him alive on Nov 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 Days
Due to: Cardio vascular Renal Disease	?
Due to: Cerebrum Hem	?
Other conditions (Include pregnancy within 3 months of death): Subacute G B	
Major findings: Of operations: Acute G B	
Of autopsy: 124 B	

PHYSICIAN — Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Hannibal Mo. Date signed Nov 8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 28 1958

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 Kenneth T. Salsman, Registered Apprentice No. 273 working under my personal supervision.

Signed Paul Richard Brown

Licensed Embalmer No. 4324

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.