

No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42045

Registration District No. 216

Primary Registration District No. 6073

State File No. _____

Registrar's No. 224

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre R-1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1 Perry Prop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTIN H. TONNELLY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 13th
year 1944 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Nov 12, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Benne Papin 6. (c) Age of husband or wife if alive 69 years
Birth date of deceased March 10 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral Anoxia which immediately fatal
Due to _____
Due to Mr. K... 8 30
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Michael Clannell

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

14. Maiden name Mary Shields

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

16. (a) Informant Mrs. Jessie Clannell

(b) Address R-1 Bonne Terre Mo

17. (a) Burial (b) Date thereof 11-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Burham Fed. Co

(b) Address 313 Burham Bonny Terre Mo

19. (a) 11-18-44 (b) Jornal Volner
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

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)
(Specify type of place) (Means of injury)
23. Signature [Signature] (M.D. or other) [Signature]
Address [Signature] Date signed 11/14/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 1244-4704
Date Filed 12-20-44

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 E. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Home Sweet Home

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.