

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3065**

Registration District No. **547**

Primary Registration District No. **3079**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Marion** **FILED FEB 7 1940**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
637 N. 8th **2**
(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)

3. (a) PRINT FULL NAME **AYNA Williams** **452**

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

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Divorced**

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

7. Birth date of deceased **Dec. 14, 1860**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	1	4	hr. _____ min.

9. Birthplace **Paris** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **UNKNOWN**

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

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

16. (a) Informant's own signature **Della Hall**

(b) Address **637 N. 8th Hannibal, Mo**

17. (a) **Burial** (b) Date thereof **Jan. 18, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BAPTIST**

18. (a) Signature of funeral director **James C. Planges**

(b) Address **Hannibal, Mo**

19. (a) **1-24-40** (b) **H. C. Fisher**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Marion**
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. **637 N. 8th Hannibal, Mo**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **17**
year **1940** hour **2** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Jan 15**
1940 to **Jan 17, 1940**
that I last saw her alive on **Jan 15, 1940**
and that death occurred on the date and hour stated above

Immediate cause of death **cerebral apoplexy**
Duration _____
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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)

(e) Means of injury _____

23. Signature **A. M. Fox** (M. D. or other) _____
Address **Hannibal, Mo** Date signed **Jan 24-40**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025

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..... *Michael D. Thomas*

Licensed Embalmer No. *3246*

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, above space should be left blank.