DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1940

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7323

Primary Registration District No. 3029

Registrar's No. 38

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: Levering Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community years, months or days)

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. 111 North Maple (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Adeline Frederica Shriver

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 Widowed

6. (b) Name of husband or wife William G. Shriver

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

7. Birth date of deceased May 12, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	19	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Wirth
13. Birthplace Vienna Austria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Madeline Frederica Kinsel
15. Birthplace Vienna (City, town, or county) Austria (State or foreign country)

16. (a) Informant's own signature Mabel S. Brown

(b) Address 111 North Maple

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/40 (Month) (Day) (Year)

(c) Place: burial or cremation Omaha Nebraska

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) Feb 2 1940 (Date received local registrar) (b) W. T. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1940 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-16, 1940 to 1-31, 1940 that I last saw her alive on 1-31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exhaustion	10 days
Due to Post op complications	1-21-40
Due to Op. for Carcinoma Colon	1-16-40
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma Colon	
Of autopsy no	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no (Specify type of place)

While at work? (e) Means of injury

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

Address Hannibal Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 Joseph J March

Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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.