

11690

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 547Primary Registration District No. 3029Registrar's No. 1021

## 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:  
1500 S. Arch  
 (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 Minnie Louise James

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 Widowed6. (b) Name of husband or wife W. James 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased March 9, 1868  
(Month) (Day) (Year)8. AGE: Years 72 Months \_\_\_\_\_ Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWORK11. Industry or business AT HOME12. Name Henry Pahst13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Wilhelmina Coleman  
(City, town, or county) (State or foreign country)15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lula E. Laroo(b) Address 1500 S. Arch17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21, 1940  
(Month) (Day) (Year)(c) Place: burial or cremation Antioch Cemetery18. (a) Signature of funeral director Crawford Smith(b) Address 902 Broadway, Hannibal19. (a) 3-20-40 (Date received local registrar) (b) St. J. Fisher (Registrar's signature)

## 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. 1500 South Arch  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
year 1940 hour 2 minute 40 A. M.21. I hereby certify that I attended the deceased from Jan. 1  
1940, to Mar. 19, 1940;  
that I last saw her alive on Mar. 18, 1940,  
and that death occurred on the date and hour stated above.Immediate cause of death Central apoplexy - Duration 48 hoursCardiovascular Renal Disease

Due to \_\_\_\_\_

Due to 121Other 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?  
480While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature Edmund R. Miller (M.D. or other) 80Address Hannibal Mo Date signed 3/19/40

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39  
1 X 1111

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.

PHYSICIAN

Underline the cause to which death should be charged statistically

---

---

**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. Marsh*.....

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.**