

SEP 23 1940  
Registration District No. 3079

Primary Registration District No. 3079

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(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. 100 Minnow Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1940 hour 6:45 A. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 14  
\_\_\_\_\_ 1940, to July 20 1940  
that I last saw her alive on July 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Spina Perifida - Probably  
Spina Perifida with  
Hypertrophy of Lumer  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions:  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Spina Perifida  
Hypertrophy of Lumer

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) \_\_\_\_\_  
(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 Bernard H. Fisher (M. D. or other) \_\_\_\_\_  
Address Hannibal Date signed 8-2-40

3. (a) PRINT FULL NAME Shirley Mae McCloud 243

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 20 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Harry McCloud

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

14. Maiden name Agnes Closser

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

16. (a) Informant Harry McCloud

(b) Address 100 Minnow Street

17. (a) Burial (b) Date thereof July 26 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Olivet Cemetery

18. (a) Signature of funeral director Edmond

(b) Address Hannibal Missouri

19. (a) Aug 7-1940 (b) N. C. Fisher  
(Date received local registrar) (Registrar's signature)

**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.....

*Ralph W. Clark*....., Registered Apprentice No. *242*  
working under my personal supervision.

Signed *Harold O'Donnell*

Licensed Embalmer No. *3889*

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.**