DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32547

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 277

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 5 weeks (Specify whether

In this community 71 years (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. 208 South Arch (If rural, give location)

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

3. (a) PRINT FULL NAME Ada Virginia Dexheimer

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 Married

6. (b) Name of husband or wife Charles Dexheimer

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September (Month) 9 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
71	—	10	hr. min.

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

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Thomas J. Smith
13. Birthplace (Do not know) (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Victoria Le Tower
15. Birthplace Rolls County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Charles Dexheimer

(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20 1940 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address Hannibal Missouri

19. (a) Sept. 21 1940 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 19th year 1940 hour 4:05 minute A. M.

21. I hereby certify that I attended the deceased from 8-20, 1940, to 9-19, 1940; that I last saw her alive on 9-19, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture of 1st lumbar vertebra	1 mo.
Due to	
Due to General Arteriosclerosis	1 yr
Other conditions (Include pregnancy within 3 months of death): Pernicious Anemia	1 yr

Major findings:
Of operations —
Of autopsy —

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) Accident

(b) Date of occurrence 8-19-40

(c) Where did injury occur? Athens (City or town) — Hannibal (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Athens (Specify type of place)

While at work? No (e) Means of injury Slipped on porch

23. Signature Howard B. Cordial (M. D. or other) MD

Address Hannibal Mo Date signed 9-21-40

(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.

I 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 Ray P. Schwartz, Registered Apprentice No. ....., working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765

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.