

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

35797

Registration District No.

541

Primary Registration District No.

3029

Registrar's No.

288

1. PLACE OF DEATH:

- (a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: 508 Mark Twain
(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 ANNA Mae James

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 Married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May 20 (Month) (Day) (Year) 1873

8. AGE: Years 67 Months 4 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Pike County MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Martix Butler
13. Birthplace 1721 and (City, town, or county) (State or foreign country)
14. Maiden name Ellen Butler
15. Birthplace 1721 and (City, town, or county) (State or foreign country)

16. (a) Informant William A. James

(b) Address 508 Mark Twain Hannibal

17. (a) Burial (b) Date thereof Sept 30 40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary Cem.

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal Mo

19. (a) Oct 4 1940 (b) W. O. Fisher (Date received by local registrar) (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. 508 Mark Twain (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1940 hour _____ minute 8:30 A. M.

21. I hereby certify that I attended the deceased from Sept 28 to Sept 28, 1940
that I last saw him dead alive on arrival and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease
dropped dead while
working in her
Due to itcher

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

Major findings: _____
Of operations _____
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) _____
(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? yes (Specify type of place) (e) Means of injury _____

23. Signature W. O. Fisher (M. D. or other) MD
Address Hannibal Mo Date Oct 4 40

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 J. O'Farrell

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.