

FEB 17 1941

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 14

## 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:  
112 N. 6th St.  
 (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 Ada D. Elzea3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Jan 6. (c) Age of husband or wife if  
80 years  
 7. Birth date of deceased Feb 22 1862  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 8 If less than one day  
hr. min.9. Birthplace Rolla Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business None12. Name Wm A Wasson13. Birthplace Mo  
(City, town, or county) (State or foreign country)14. Maiden name Mary Rice15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) Center (b) Date thereof Jan 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Center Mo18. (a) Signature of funeral director W.C. Fisher(b) Address Center, Mo19. (a) Jan. 3, 1941 (b) W.C. Fisher  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Marion  
 (c) City or town Hannibal  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 116 N 6th St  
112 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1940 hour 9 minute 30 a.m.21. I hereby certify that I attended the deceased from Sept-1  
1940, to Dec. 30, 1940,  
that I last saw her alive on Dec. 30, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis

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

Due to 940Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

## 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?  
 \_\_\_\_\_ (Specify type of place)

While at work? 733 North (Specify type of place) (City or town) (County) (State)23. Signature W.C. Fisher (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 1/3/41

**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 *Eric Phelps*

Licensed Embalmer No. 3356

P. O. Address *Clinton 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.**