No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7584

Registration District No. 347 Primary Registration District No. 3029 Registrar's No. 63

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

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 Hosp D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 min. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion 64

(c) City or town Hannibal (If outside city or town limits, write "RURAL") 3

(d) Street No. 3911 Tilden St. (If rural, give location) 8

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

3. (a) PRINT FULL NAME Iva Mae Oldridge

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 Ernest Oldridge

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

7. Birth date of deceased July (Month) 30 (Day) 1899 (Year)

8. AGE: Years 41 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) D (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Chas. Arnett
13. Birthplace Mo. (City, town, or county) D (State or foreign country)

MOTHER
14. Maiden name Ida Calvell
15. Birthplace Mo. (City, town, or county) D (State or foreign country)

16. (a) Informant Mr. Ernest Oldridge

(b) Address Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation River Side Cemetery

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

(b) Address Hannibal Mo.

19. (a) Feb. 21, 1941 (Date received local registrar) (b) N. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1941 hour 11 minute 25 9 M.

21. I hereby certify that I attended the deceased from Jan 10, 1941, to Feb 3, 1941 that I last saw her alive on Feb 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [signature]

Of autopsy [signature]

Duration

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? 4.00 (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) D

Address 1601 Bldg Hannibal Mo. Date signed 3/21/41

(Licensed Embalmer's Statement on Reverse Side)

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'Donnell

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.