FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11353

Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 547
(b) Township Mason — Primary Registration District No. 3029 — Registered No. 8869
(c) City or Township Hannibal — (d) Street No. Levering Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virginia E. Marks
(a) Residence, No. 403 Fulton Ave St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Nathaniel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22. 1911
7. AGE: Years 29 — Months 4 — Days 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntington Mo

FATHER
13. NAME Elba Dicker Street
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich

MOTHER
15. MAIDEN NAME Edith Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Nathaniel Marks
(ADDRESS) 403 Fulton Hannibal Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE MT Olivet Cem DATE 3/13/41, 19
19. FUNERAL DIRECTOR (NAME) James O'Donnell
(ADDRESS) Hannibal Mo
20. FILED Mar. 14, 1941 W. A. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1941
22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1941, to 3-11-41, 19
I last saw h. alive on 3-11-41, 19 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum hemorrhage	
1416 C	

Other contributory causes of importance: Pre eclamptic toxemia of pregnancy

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Handsley M. D.
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 D O'Donnell

Licensed Embalmer No. B 246

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.