DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15163

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 120

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: 1254 Essig
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

(d) Street No. 1254 Essig 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mable Bell Harris

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 3 | 5. Color or race Colored | 6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married 1

6. (b) Name of husband or ~~wife~~ Earl | 6. (c) Age of husband or ~~wife~~ if alive 50 years

7. Birth date of deceased Dec. (Month) 21 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
42	3	0	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Bell Foster
13. Birthplace ..... (City, town, or county) Mo (State or foreign country) U

MOTHER
14. Maiden name Mable Bell
15. Birthplace ..... (City, town, or county) Mo (State or foreign country) U

16. (a) Informant Earl Harris
(b) Address 1254 Essig Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Robinson Cem

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal, Mo

19. (a) April 7 1941 (Date received local registrar) (b) N. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1941 hour - minute 6P M.

21. I hereby certify that I attended the deceased from June 22, 1940, to March 21, 1941; that I last saw her alive on 3/21/41, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Glomerulonephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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) .....

(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 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H B M Meeker (M. D. ~~or other~~)

Address Hannibal Date signed 3/27/41

(Licensed Embalmer's Statement on Reverse Side)

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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.

No. 2B
-4-25-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15163

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

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

SUPPLEMENTARY

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:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mable Bell Harris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Black

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days — If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Glomerular Nephritis Chronic (12 yrs period)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed