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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22172

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

(c) Name of hospital or institution 1214 North Sixth Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Native Hospital  
(Specify whether in this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion

(c) City or town Hannibal 4  
(If outside city or town limits, write "RURAL.")

(d) Street No. 214 North Sixth St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Ann Jones

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1941 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from April 1 1941, to June 15 1941;  
that I last saw her alive on June 15 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife E. H. Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 28 1863  
(Month) (Day) (Year)

Immediate cause of death Cerebral Arterio-Thrombosis 3 wk Duration

Due to Hypertension years

8. AGE: Years Months Days If less than one day

77 11 17 hr. \_\_\_\_\_ min.

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation at home

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name (Do not know)

13. Birthplace (Do not know) 9  
(City, town, or county) (State or foreign country)

14. Maiden name (Do not know)

15. Birthplace (Do not know) A  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

16. (a) Informant Ruby Bowers

(b) Address Hannibal, Missouri

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

(c) Place: burial or cremation Spelthorne, Missouri

(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? 488

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address Hannibal, Missouri

19. (a) 6/26/41 (b) W. E. Fisher  
(Date received local registrar) (Registrar's signature)

23. Signature W. B. Votaw (M. D. \_\_\_\_\_)

Address Hannibal, Mo Date signed 27/16/41

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

**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.....

*Roy P. Schwartz*, Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *Roy P. Schwartz*

Licensed Embalmer No. *17650*

P. O. Address *Hannibal*

**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, fact should be so stated above.**