

13-40
17-39
X 58

FILED SEP 13 1941

State File No. _____

Registration District No. 347

Primary Registration District No. 3029

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution:
1400 Valley 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 Flora S Marshall

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 widowed

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 17 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Joseph M^cLaughlin

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

14. Maiden name Margaret M^cLaughlin

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

16. (a) Informant E. C. Marshall

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 8 6 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director J. C. Fisher

(b) Address Hannibal Mo.

19. (a) 8-15-41 (b) J. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 Valley St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1941 hour 8.00A.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 19 40, 1940 to Aug 4, 1941
that I last saw her alive on Aug 40, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris
Due to Chronic myocarditis
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? _____

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

23. Signature J. C. Fisher (M. D. or other) _____
Address 1001 Olive St. Hannibal Mo. Date signed 8/14/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harold O'Connell

Licensed Embalmer No. *3829*

P. O. Address.....

Harold O'Connell

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.