

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35496

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 284

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 Hospital  
(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  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 418 Church  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17  
year 1941 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug. 11  
1941 to Oct. 17 1941;  
that I last saw h.e.y. alive on OCT. 17 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: BRONCHO PNEUMONIA Duration 5 DAYS

Due to CHRONIC MYOCARDITIS  
Due to CHRONIC PARENCHYMATOUS NEPHRITIS

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

Major findings: 1318 PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_  
23. Signature B.L. Murphy (M. D. or other) \_\_\_\_\_  
Address Hannibal, Mo. Date signed 10-18-41

3. (a) PRINT FULL NAME Helen Beulah Prettyman

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 Divorced

6. (b) Name of husband or wife William Prettyman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 28, 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 18 If less than one day \_\_\_\_\_ br. \_\_\_\_\_ min.

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

10. Usual occupation Seamstress

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

12. Name Thomas Arnold

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

14. Maiden name Susan Long

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

16. (a) Informant Mrs. Walter Bowles

(b) Address 418 Church

17. (a) Burial (b) Date thereof 10/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 10-20-41 (b) H. C. Fisher  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Murphy

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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.....

*James A. Moles*

Licensed Embalmer No..... 3296.....

P. O. Address Hannibal Missouri.....

**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.**