S. No. 2
M—1-6-41
v. 5-27-39
T X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2834

FILED FEB 4 1942

Registration District No. 347 Primary Registration District No. 3029 Registrar's No. 10

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1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal C.T.
(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 years, months or days)
In this community .....

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.: 213a North St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Minnie Flavell

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: Walter

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

7. Birth date of deceased: March (Month) 26 (Day) 1888 (Year)

8. AGE: Years 53 Months 9 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business .....

MOTHER FATHER

12. Name: August Herzog

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

14. Maiden name: Unknown

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

16. (a) Informant: David Flavell

(b) Address: Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 (Month) 26 (Day) 41 (Year)

(c) Place: burial or cremation: Grand View Burial Park

18. (a) Signature of funeral director: James O'Donnell

(b) Address: Hannibal Missouri

19. (a) 1-9-42 (Date received local registrar) (b) H. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 1941 hour 430 minute ..... M.

21. I hereby certify that I attended the deceased from December 12, 1941, to Dec 23, 1941; that I last saw her alive on Dec 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis - Lobar pneumonia	
Due to:	
Due to: Syphilis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: BOG	
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? ..... (Specify type of place)

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

23. Signature: R. J. Murphy (M. D. or other) MD

Address: Hannibal Mo Date signed 1-3-42

1146

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....
(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 years, months or days)

In this community.....

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

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

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....

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

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

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

9. Birthplace.....
(State or foreign country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....day.....
year.....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.

	Duration
Immediate cause of death.....	
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.

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) Date of burial, cremation, or removal.....
(Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

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

WHITE PLAINLY—USE UNLEADING 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

(Licensed Embalmer's Statement on Reverse Side)