

FILED JUN 13 1942

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Maion
(b) City or town Hannibal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 weeks (Specify whether
In this community 50 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Charlotte Emily Grace

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 Joseph M. Grace 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 24 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name not known

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 Mr. Harry Grace

(b) Address 815 N. 6th St. Hannibal, Mo.

17. (a) Burial (b) Date thereof May 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Oliver cemetery

18. (a) Signature of funeral director Ray P. Lehart

(b) Address 1000 Edw. Hannibal, Mo.

19. (a) 5-23-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 800 Mark Twain
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 110 minute - A.M.

21. I hereby certify that I attended the deceased from 5-5 to 5-16, 1942
that I last saw h.e. alive on 5-16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of right femur -
lobar pneumonia
Exhaustion

Duration
17 d
9 d
5 d

Due to _____
Due to 1860
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____
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) Accident
(b) Date of occurrence 5-5-42
(c) Where did injury occur? athome
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place)
(b) Means of injury Fell on floor

23. Signature Spencer Judice (M. D. or other) D.M.D.
Address Hannibal Mo. Date signed 5-21-42

1146

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

Roy P. Schwartz

Licensed Embalmer No. *1763*

P. O. Address *1000 Edwy. Kainah*

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.