

FILED NOV 6 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 237

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 Warren
(c) City or town Wright City
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27
year 1942 hour 5 minute 50 A. M.
21. I hereby certify that I attended the deceased from 8-8
1942 to 9-27, 1942
that I last saw h. alive on 9-27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma spectrum Duration 2 yrs
Due to —
Due to —
Other conditions general metastasis 3 mo
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
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?

While at work? — (Specify type of place)
(e) Means of injury —
23. Signature Herbert S. Suddick M. D. or other MD
Address Hannibal Mo Date signed 9-28-42

3. (a) PRINT FULL NAME Anna Maddox
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 Thomas Leonard Maddox 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 22, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry William Ober

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

14. Maiden name Victoria Kabler

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

16. (a) Informant Charles Ober

(b) Address 1801 Lincoln Hannibal Mo,

17. (a) Burial (b) Date thereof 9-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Missouri

18. (a) Signature of funeral director Wm M Smith

(b) Address 902 Broadway Hannibal

19. (a) 9-28-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

1146 (Licensed Embalmer's Statement on Reverse Side)

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

64
3
9

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.....

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

Signed..... *Elmer Thomas*.....

Licensed Embalmer No..... *2460*.....

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.