

FILED NOV 6 1942

Registration District No. 209

Primary Registration District No. 2043

Registrar's No. 240

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

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: ST. Elizabeth's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 wks (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3400 St Marys Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida A. Stolte

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

4. Sex Female / race White 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased NOV 25 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 1 hr. min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) ILL

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Henry Stolte  
13. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Blickham  
15. Birthplace Adams ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Stolte

(b) Address 3400 St Marys Hannibal MO

17. (a) Burial (b) Date thereof Sept 29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

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

(b) Address Hannibal MO

19. (a) 9-29-42 (b) R. H. Connor  
(Date official local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1942 hour \_\_\_\_\_ minute 4:25 P.M.

21. I hereby certify that I attended the deceased from July 27, 1942  
19 \_\_\_\_\_ to Sept. 26, 1942 19 \_\_\_\_\_;  
that I last saw her alive on Sept. 26, 1942 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
General Carcinomatosis Duration 6 wks.  
Due to Carcinoma of Rectum ?

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

Major findings: Hbd  
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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. H. ... (M. D. or other) \_\_\_\_\_  
Address Hannibal, MO. Date signed 9-28-  
1942

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.....

*Michael J. O'Rourke*

Licensed Embalmer No. *3246*

P. O. Address.....

*Hamlet, NC*

**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.**