S. No. 2
1—1-4-41
Rev. 4-1-39
Form X18990

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 2809

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41304

State File No.

Primary Registration District No. 3443

Registrar's No. 286

64 3 9

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: 306 Center ST
(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: 64
(a) State MO (b) County Marion 3
(c) City or town Hannibal 4
(If outside city or town limits, write "RURAL") 1
(d) Street No. 306 Center
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME ANNA HITT

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 Married

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 23 (Day) 1859 (Year)

8. AGE: Years 83 Months 5 Days 13 If less than one day hr. min.

9. Birthplace — — (City, town, or county) MO (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace — — — — (City, town, or county) — (State or foreign country) 9

MOTHER
14. Maiden name — — — —
15. Birthplace — — — — (City, town, or county) (State or foreign country) 9

16. (a) Informant Frank Hitt
(b) Address 306 Center Hannibal Mo

17. (a) St Mary's Cem (B) (Burial, cremation, or removal) (b). Date thereof Nov. 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 11-20-42 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~May~~ Nov. day 5
year 1942 hour minute 6a M.

21. I hereby certify that I attended the deceased from Nov 4, 1942 to 19..; that I last saw her alive on Nov. 4 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchial Pneumonia

Due to

Due to Chronic Myocarditis

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.

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. Murphy (M. D. or other) MD
Address Hannibal, Mo Date signed 11-12-42

1146 (Licensed Embalmer's Statement on Reverse Side)

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'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal MO

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.