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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21939

FILED JUN 22 1943

Registration District No. 9 Primary Registration District No. 3043 Registrar's No. 132

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: 618 N. 9th /
(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 Mo (b) County Marion 64 3 4

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 618 N. 9th St
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lula Estelle Conley

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

4. Sex Female 5. Color or race 3 Colored 6. (a) Single, widowed, married, divorced Married 1

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

7. Birth date of deceased Jan. 17, 1924
(Month) (Day) (Year)

8. AGE: Years 19 Months 3 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Hannibal (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Moss
13. Birthplace — (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Martha Moss
15. Birthplace — (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Theo. Conley
(b) Address 618 N. 9th Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Robinson Cem.

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

19. (a) 5-10-43 (Date received local registrar) (b) R. N. Common (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943 hour ..... minute 7:50 P.M.

21. I hereby certify that I attended the deceased from Jan 1st, 1943, to April 23, 1943, that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to .....

Due to .....

Other conditions Pneumonia & Childbirth
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

13 P.M.

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 H. B. McKeen (M. D. or other) M.D.
Address Hannibal Mo Date signed 4/23/43

(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.