V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1943

Registration District No. 3059

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21967

Primary Registration District No. 3043

Registrar's No. 141

64
3
4

1. PLACE OF DEATH:
(a) County: Marion Co
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1810 Chestnut St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~Houston~~ Marion
(c) City or town: ~~Boris~~ Hannibal (If outside city or town limits, write "RURAL")
(d) Street No.: 1810 Chestnut St (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Florence Rosetta Miers

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: Deceased

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

7. Birth date of deceased: July (Month) 4th (Day) 1858 (Year)

8. AGE: Years 84 Months 10 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace: Michigan (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ____

FATHER
12. Name: Joshua D Hawkins
13. Birthplace: Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Annette D Young
15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mabel Cox
(b) Address: Hannibal, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Paris Mo

18. (a) Signature of funeral director: Million & Burkeld
(b) Address: Shelbina Mo

19. (a) 5/19/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

1146

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from April 10, 1943 to May 18, 1943, that I last saw her alive on May 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	1 yr.
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): NBA	

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: J. E. Shillard M.D. (M. D. or other)
Address: 500 Broadway Date signed: 5-19-43
Hannibal, Mo

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 Henry G. Barkeland

Licensed Embalmer No. 3835

P. O. Address Shelbina, 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.