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V. S. No. 2
50M-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 187

FILED AUG 20 1943

Registration District No. 209 Primary Registration District No. 3043

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Dr Goodrich

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

(c) Name of hospital or institution: St. Elizabeth Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital

In this community 5 days

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Pike

(c) City or town Barry

(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 _____

3. (a) PRINT FULL NAME Mrs. Elizabeth Hart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Not given

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

7. Birth date of deceased Dec 1- 1867

(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 1

If less than one day hr. _____ min.

9. Birthplace Barry Illinois

(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Own Home

12. Name Charlie Lippincott

13. Birthplace Ho Record Ho Record

(City, town, or county) (State or foreign country)

14. Maiden name Chloe Biles

15. Birthplace Barry Illinois

(City, town, or county) (State or foreign country)

16. (a) Informant Edna H. Shewhart

(b) Address Mountain Lakes N. J.

17. (a) Burial (Burial, cremation, or removal) Mountain Cem. Barry, Ill.

(b) Date thereof July 4 1943

(Month) (Day) (Year)

(c) Place: burial or cremation _____

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

(b) Address 903 Broadway Hannibal Mo.

19. (a) 7/3/43 (b) W. Connor

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2

year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-27

_____ 1943 to 7-2 1943

that I last saw h. alive on 7-2 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 1 yr.

Due to Arterio-sclerosis 2 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 93d

Of operations _____

Of autopsy _____

Duration

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) us

(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 Howard Sudick MD

(M. D. or other)

Address Hannibal Mo. Date signed 7-2-43

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.....
..... Body not embalmed Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wm M Smith

Licensed Embalmer No..... 1204.....

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.

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