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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 15 1944
Registration District No. 209

Primary Registration District No. 3047

Registrar's No. 15

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
434

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:
914 North St 1
(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 Missouri (b) County MARION 64

(c) City or town Hannibal 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 914 North St
(If rural, give location)

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

3. (a) PRINT FULL NAME CORDELIA FISHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1943 hour 9 minute 459 M.

21. I hereby certify that I attended the deceased from 0 to
Dec 31, 1943.

4. Sex FEMALE 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased FEB 8 1906
(Month) (Day) (Year)

that I last saw h. _____ alive on Dec 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Atherosclerosis

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name CHARLES PEOPLES

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hoopes

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Monroe Flood

(b) Address Hannibal

17. (a) Burial (b) Date thereof 1-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

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

(b) Address Hannibal

19. (a) 1-4-44 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____

23. Signature E. R. Motley (M. D. or other) _____
Address Hannibal Mo Date signed 1/5-44

1146

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. *9246*.....

P. O. Address *Sanctus M*.....

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.