V. S. No. 2
100M—2-43
Rev. 5-17-39
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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. 48010

FILED JAN 12 1943

Registration District No. 2

Primary Registration District No. 3043

Registrar's No. 374

1. PLACE OF DEATH:

(a) County MARION.

(b) City or town HANNIBAL - MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LEVERING HOSPITAL.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State MISSOURI (b) County RALLS.

(c) City or town PERRY - MO.
(If outside city or town limits, write "RURAL")

(d) Street No. PERRY - MO.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME VARNICE-E-LAKE.

3. (b) If veteran, name war

3. (c) Social Security No. NONE.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased OCTOBER - 14 - 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	22	hr. min.

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

10. Usual occupation HOUSEWIFE.

11. Industry or business HOME.

FATHER
12. Name E. L. GRISBY.
13. Birthplace MONROE CO. MO.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SUSAN DUANA.
15. Birthplace MONROE CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Powers.
(b) Address Paris, Mo

17. (a) BURIAL (b) Date thereof 12/8/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FARBER - MO.

18. (a) Signature of funeral director Clyde C. Wilsey
(b) Address PERRY - MO.

19. (a) 12-8-43 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th
year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1943, to Dec 6, 1943
that I last saw her alive on Dec 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations Strangulated hernia

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)

(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)

(e) While at work? (f) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address Hannibal, Mo. Date signed 12-7-43

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(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~~ Clyde C. Wilkey, Registered Apprentice No. ....., working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry 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.