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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

18633

State File No.

FILED JUN 3 1944

Registration District No. 2

Primary Registration District No. 3043

Registrar's No. 153

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: St Elizabeth Hospital O
(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 Ralls 87

(c) City or town New London, Rural, O
(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 Lizzie May Fuqua

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 Married

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased May (Month) 20 (Day) 1877 (Year)

8. AGE: Years 77 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Noker
13. Birthplace (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant R. W. Rager
(b) Address R#2 New London, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Salt River Cem - Ralls Co Mo

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

19. (a) May 3 '44 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18 year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Apr 13, 1944 to Apr 18, 1944 that I last saw her alive on Apr 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar. — Duration 5 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

108

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)

While at work? (e) Means of injury

23. Signature A. B. Blue (M. D. or other)

Address Hannibal MO Date signed 5-3-44

1146 (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.