

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21021

FILED JUL 15 1944

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 212

1. PLACE OF DEATH:

(a) County St. Elizabeth Hospital
 (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 0
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion **64**
 (c) City or town Hannibal **3**
 (If outside city or town limits, write "RURAL") **1**
 (d) Street No. 802 Broadway
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Linda Mae Gladney
 3. (b) If veteran, name war 0
 3. (c) Social Security No. 0

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, Divorced Single
 6. (b) Name of husband or wife 0
 6. (c) Age of husband or wife if alive 0 years
 7. Birth date of deceased: June 15, 1944
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. 0 min.

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

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER
 12. Name Bernard A. Gladney
 13. Birthplace Florida
 (City, town, or county) (State or foreign country)
 14. Maiden name Evelyn Crews
 15. Birthplace Lyons Georgia
 (City, town, or county) (State or foreign country)

16. (a) Informant Bernard A. Gladney
 (b) Address 802 Broadway Hannibal Missouri

17. (a) Burial (b) Date thereof 6/17/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Wm. M. Smith
 (b) Address 902 Broadway Hannibal

19. (a) 6-22-44 (b) R. H. Connor
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1944 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 15 to June 16, 1944
 that I last saw her alive on June 16, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum
NEONATORUM.

Due to 0
 Due to 0

Other conditions 161a
 (Include pregnancy within 3 months of death)

Major findings: 0
 Of operations 0
 Of autopsy 0

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) 0
 (b) Date of occurrence 0
 (c) Where did injury occur? 0 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature R. H. Connor (M. D. or other)
 Address 180 1/2 Broadway Hannibal Mo Date signed 0

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

Handwritten notes on left margin

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.....

This body was not embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4373

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.