

FILED JUL 11 1944

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Hannibal
(c) Name of hospital or institution: 1220 Girard St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 7770 (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 Girard St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melinda Settles

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

20. DATE OF DEATH: Month 5 day 28
year 44 hour 11 minute 15 a.m.

21. I hereby certify that I attended the deceased from May 26-44 to May 28-44
that I last saw her alive on May 28-44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Chas Settles
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) 1 (Day) 1 (Year) 54

Immediate cause of death: Wrenca

8. AGE: Years 89 Months 5 Days 10
If less than one day hr. _____ min. _____

Due to: Chronic Hepatitis

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

Other conditions: 1312
(Include pregnancy within 3 months of death)

10. Usual occupation housewife

Major findings: 1312
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Phill Lawson

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

14. Maiden name _____

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

16. (a) Informant Mrs Buelah Gross

(b) Address 1220 Girard St

17. (a) Burial (b) Date thereof 5-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cem

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal MO

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

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? _____

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

23. Signature H P M Meekins (M. D. or other) MD

Address Hannibal MO Date signed 6/5/44

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

MOTHER FATHER

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..... *Geo E Roberts*.....

Licensed Embalmer No. *2113*.....

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.