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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22063

FILED JUL 15 1944

State File No.

Registration District No. 27

Primary Registration District No. 3043

Registrar's No. 202

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:
427 FULTON AVE
(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 3
(If outside city or town limits, write "RURAL")

(d) Street No. 427 FULTON AVE 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 10

3. (a) PRINT FULL NAME NANNIE WEATHERFORD

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 Widowed

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

7. Birth date of deceased November 16-1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Rock Bridge Co. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name Chas. W. Campbell

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

14. Maiden name SARAH CURTIS

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

16. (a) Informant Miss Mary Campbell

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 6-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Jay G. Dornell

(b) Address Hannibal Mo

19. (a) 6-12-44 (b) RW Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1944 hour 1 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan 11
1944 to June 9 1944

that I last saw her alive on June 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Arteriosclerosis

Due to Cerebral

Due to _____

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

Major findings: Of operations _____

Of autopsy no

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? _____

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

23. Signature R. B. Blue (M. D. or D. O. _____)

Address Hannibal Mo Date signed 6/10/44

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

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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.