

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

AUG 23 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 227

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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days) (Specify whether

3. (a) PRINT
FULL NAMESaw of Herbert & Edith Allen
Infant Walker3. (b) If veteran,
name war.....3. (c) Social Security
No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years

7. Birth date of deceased: July 3, 1944
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
hr. 8 hrs. min.9. Birthplace: Hannibal Missouri
(City, town, or county) (State or foreign country)10. Usual occupation: XX11. Industry or business: XX12. Name: Herbert Walker13. Birthplace: Lathrop Missouri
(City, town, or county) (State or foreign country)14. Maiden name: Edith Allen Rissmiller15. Birthplace: Hannibal Missouri
(City, town, or county) (State or foreign country)16. (a) Informant: Herbert Walker(b) Address: Lees Summit Missouri17. (a) Burial (b) Date thereof: 7/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: Grandview V Burial Park18. (a) Signature of funeral director: W. M. Smith(b) Address: 902 Broadway Hannibal Mo.19. (a) 7-6-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 48
 (c) City or town Lees Summit Missouri
 (If outside city or town limits, write "RURAL") 0
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour 10 minute 45 P. M.21. I hereby certify that I attended the deceased from 7-3
19 44 to 7-3 19 44
that I last saw her alive on 7-3 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death

Respiratory paralysis
(cause not known - spontaneous)
 Due to delirium - but 7-3-44
apparently normal (the case)
 Due to.....

Other conditions:
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

Duration

8 hrs.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(b) Means of injury.....23. Signature: Harold Fredrick (M. D. or other) MD
Address: Hannibal Mo. Date signed 7-5-44

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 *George T Bond*.....

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.