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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34735

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 301

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: Levering 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 80 yrs. 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") 4

(d) Street No. 1603 Grace
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Bode

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife C. A. Bode

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

7. Birth date of deceased Jan. (Month) 21 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	8	1	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housewife (Last Inspector)

11. Industry or business Home (International Shoe Co.)

FATHER
12. Name T. C. Lippencott
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bennem
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. J. L. Turnbull
(b) Address 1603 Grace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway

19. (a) 9-28-44 (Date received local registrar) (b) R. H. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1944 hour 6 minute 05 A. M.

21. I hereby certify that I attended the deceased from Sept 17, 1944 to Sept 22, 1944
that I last saw her alive on Sept 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured lt femur

Due to

Due to

Other conditions Chronic cardiitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

186a 5
118

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 119

(b) Date of occurrence Sept 17 1944

(c) Where did injury occur? home (City or town) Hannibal (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury fall

23. Signature J. L. Reuhman (M. D. or other)
Address 1001 Bldg Hannibal Mo signed

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 Jack H. Lukens

Licensed Embalmer No. 4110

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.