

S. No. 2
M-5-43
r. 5-17-39
P I X36671

FILED NOV 13 1944
Registration District No. 209

Primary Registration District No. 3043

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

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:
3317 Helen Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Bucknell

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 Married

6. (b) Name of husband or wife W.F. Bucknell

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased September 18, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	11	27	hr. min.
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9. Birthplace Pineville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER {

12. Name James Gambrell

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

14. Maiden name Cosby Gilliam

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

16. (a) Informant W.F. Bucknell

(b) Address 3317 Helen Avenue Hannibal

17. (a) Removal (b) Date thereof 9/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamburg Iowa

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway Hannibal

19. (a) 9-16-44 (b) R. F. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal
(If outside city or town limits, write "RURAL") 3

(d) Street No. 3317 Helen Avenue
(If rural, give location) 4

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1944 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 1
1944 to Sept 15 1944

that I last saw her alive on Sept 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure 3 mo
Due to Hypertension 20 y.

Due to _____

Other conditions 93%
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 9-16-44

1146

101221

101221

101221

101221

[Handwritten notes and scribbles]

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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. Paul

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.