L. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34750

State File No.

Registration District No. FILED NOV 20 1944

Primary Registration District No. 3043

Registrar's No. 315

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

(d) Length of stay: In hospital or institution I4 Days (Specify whether In this community I4 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Monroe City; R.F.D.I (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Loula Etta Fields

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christopher

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August (Month) I3 (Day) I875 (Year)

8. AGE: Years	Months	Days	If less than one day
69	I	22	hr. min.

9. Birthplace Greensboro (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Lewis Hobbs
13. Birthplace Greensboro (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Mary Allred
15. Birthplace Greensboro (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Mrs L M Lippard

(b) Address 1334 Glenwood Ave Greensboro, N Carolina

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Io/6/44 (Month) (Day) (Year)

(c) Place: burial or cremation Monroe City; Mo

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City Mo

19. (a) 10/10/44 (Date received local registrar) (b) R W Cortavon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year I944 hour 9 minute 55 A. M.

21. I hereby certify that I attended the deceased from [illegible] 1944 to [illegible] 1944 that I last saw her alive on Oct 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions Fractured [illegible] (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J L Parkman (M. D. ~~or other~~) 10-10-44

Address [illegible] Date signed

(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 By me, Registered Apprentice No., working under my personal supervision.

Signed Lewis L Wilson

Licensed Embalmer No. 2014

P. O. Address Monroe City, 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.