

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **353**

1. PLACE OF DEATH:
 (a) County **Madison**
 (b) City or town **Hannibal**
 (c) Name of hospital or institution: **Peelers Hospital**
 (d) Length of stay: In hospital or institution **3 weeks**
 In this community **3 weeks**

3. (a) PRINT FULL NAME **Jessie Howard**
 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 _____

7. Birth date of deceased **Feb - 22nd 1864**
 (Month) (Day) (Year)

8. AGE: Years **80** Months **8** Days **18** If less than one day _____ min. _____

9. Birthplace **1 Penn**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Home wife**

11. Industry or business _____

12. Name **Robert H Graham**

13. Birthplace **1 Penn**
 (City, town, or county) (State or foreign country)

14. Maiden name **not known**

15. Birthplace **not known**
 (City, town, or county) (State or foreign country)

16. (a) Informant **B. G. Graham**
 (b) Address **Hannibal - Mo**

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

(c) Place: burial or cremation **Buried - Hannibal**
 18. (a) Signature of funeral director **William P. Barstow**
 (b) Address **Claremont, Mo**
 19. (a) **Nov 14 1944** (b) **R. H. Connor**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Steeley**
 (c) City or town **Claremont Mo 10th**
 (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 **Nov** day **10th**
 year **1944** hour **2** minute **9 m.**
 21. I hereby certify that I attended the deceased from **Aug 7 - 1944** to **Nov 10th 1944**
 that I last saw her alive on **Nov 9th 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **General Debility of Aged**
 Due to **Cerebral Arteriosclerosis** Duration **1 yr**
 Due to **Hypertensive Cardiovascular Disease** **5 yrs.**
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: **93d**
 Of autopsy: _____
 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? _____

23. Signature **J. E. Suttman M.D.** (Specify type of place) _____ (e) Means of injury _____
 Address **Hannibal Missouri** Date signed **11/3/44**

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

4
3
4

1146

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 Henry C. Burtland

Licensed Embalmer No. 3835

P.O. Address.....

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.