

No. 2
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17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41611
Registrar's No. 341

Registration District No. 2045

Primary Registration District No. 3043

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 2010 Hope Street
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
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")
(d) Street No. 604 Olive 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 17

3. (a) PRINT FULL NAME

Lottie Ling

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 Henry H. Ling

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

7. Birth date of deceased November 5, 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Monroe County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

12. Name John Workman

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Van Dyke (State or foreign country)

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

16. (a) Informant Charles Ling

(b) Address 6040 McPherson, St. Louis Missouri

17. (a) Burial (b) Date thereof 11/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

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

(b) Address 902 Broadway Hannibal Missouri

19. (a) Oct 21-1944 (b) R H Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1944 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1930, 19____, to Oct-30, 1944.
that I last saw her alive on Oct 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Senility

Other conditions g3h
(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.

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 2
23. Signature F. C. Hopkins MD (M. D. or other) _____
Address 202 N. 4th St Hannibal Date signed 10/31/44

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

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.