

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12247  
Registrar's No. 129

FILED JAN 3 1945  
Registration District No. 533945

Primary Registration District No. 4498

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Hannibal, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 10 yrs.  
years, months or days)

3. (a) PRINT FULL NAME REBECCA CATHERINE BEHRINGER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Fred Behringer 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased July 16, 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 73 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

12. Name Sammy Myers  
13. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Malinda Rahn  
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant W.C. Broadbent

(b) Address 319 N. 6th Hannibal Mo

17. (a) Burial (b) Date thereof Dec 21-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007 Ben Hur Avenue

18. (a) Signature of funeral director Ernest G. Givens

(b) Address Hannibal Mo

19. (a) 12-20-1944 (b) Thos. G. Givens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Hannibal Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jackson Township  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month Dec day 19  
year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 25  
1944 to Dec 19 1944  
that I last saw her alive on Dec 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver Duration Indefinite

Due to 124 lb

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 R. W. Parker (M. D. or other)

Address Hannibal Mo Date signed 12-20-44

RECEIVED

District Health Officer No. 10

District File Number 1-45-201

Date Filed JAN 12 1945

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, only ME  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed George J. Givan

Licensed Embalmer No. 1754

P. O. Address Hummelville, Pa.

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.