

FILED JAN 26 1945

State File No.

Registration District No.

Primary Registration District No. 2043

Registrar's No. 375

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Levee Hospital
(If not in hospital or institution, write street number or location) 0
(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 4
(c) City or town Hannibal Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1904 D. Edway 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SPRACER VIVIAN WILKINSON

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

4. Sex FEMALE 5. Color or race W. T. I. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Raymond 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Hersman Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Registered Nurse

11. Industry or business _____

MOTHER FATHER { 12. Name Edwin Riggs
13. Birthplace Pitts Co Ill
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Elliott
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Ms. Raymond Wilkinson

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 11-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill Burial Park

18. (a) Signature of funeral director James D. ...

(b) Address Hannibal Mo

19. (a) 11-27-44 (b) W. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1944 hour _____ minute 2:52 P.M.

21. I hereby certify that I attended the deceased from 6-21-44,
19____, to 11-23, 1944
that I last saw her alive on 11-23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix Duration 4 yrs
Due to _____
Due to 480

Other conditions hemica 2 ch
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of cervix 3rd grade
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 use of place) (e) Means of injury _____
23. Signature James D. ... (M. D. or other) M.D.
Address Hannibal Mo Date signed 11-27-44

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

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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.....

Licensed Embalmer No. 3246

P. O. Address..... Hannett 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.