S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6609

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 14

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: 217 S 6th St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Marion Co

(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No.: 217 S 6th
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Rebecca Bechtold

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: Widow

6. (b) Name of husband or wife: Fred

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

7. Birth date of deceased: Sept. (Month) 19 (Day) 1877 (Year)

8. AGE: Years 67 | Months 3 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace: — (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Retired

11. Industry or business .....

FATHER
12. Name: Unknown
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name: —
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant: Fred Bechtold
(b) Address: 217 S 6th Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cem

18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Mo

19. (a) Jan 17 45 (Date received local registrar) (b) R. H. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd year 1945 hour ..... minute 7 am

21. I hereby certify that I attended the deceased from Dec. 1 19..., to Jan. 2 1945 that I last saw alive on Dec. 24 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: Sudden

Due to: Years of Hypertension

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations: N
Of autopsy: N

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 type of place) (e) Means of injury .....

23. Signature: R. B. Norton (M. D. or other)
Address: Hannibal Date signed 1-6-45

1146

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.