

FILED MAR 26 1945

Registration District No. 209

Primary Registration District No. 2043

Registrar's No. 6

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: Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether  
In this community 1 week  
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") 4  
(d) Street No. Cedarhurst  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jeannie May Fette

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 Married

6. (b) Name of husband or wife Carlos M. Fette 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 14, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 9 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business XX

12. Name David Dubach

13. Birthplace Bebay Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Emela Bennett

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

16. (a) Informant Marion Fette

(b) Address Cedarhurst Hannibal Missouri

17. (a) Burial (b) Date thereof 1/2/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Wm. M. Smith  
(b) Address 902 Broadway Hannibal Mo

19. (a) 1-5-45 (b) R. J. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30  
year 1944 hour 5 minute 10 P. A. M.

21. I hereby certify that I attended the deceased from 12-22  
1944, to 12-30, 1944;  
that I last saw her alive on 12-30, 1944;  
and that death occurred on the 30 date and hour stated above.

Immediate cause of death Infarction Duration 9 days  
distention - partial - et  
ileo-caecal valve - cause not  
Due to established

Due to Cardiac failure 1 day

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: No operable OK  
Of operations \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of work)  
(e) Means of injury \_\_\_\_\_

23. Signature Harold B. Sudick (M. D. or other) M.D.  
Address Hannibal, Mo Date signed 1-2-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
4  
3  
4  
Wm. M. Smith

114p

**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.**