

FILED AUG 21 1945 STANDARD CERTIFICATE OF DEATH

State File No. 27938

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 189

1. PLACE OF DEATH:

(a) County **BARION**
(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 **5 Weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**
(c) City or town **MONROE CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **120 - 2nd Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LILEY, Belle TOOLEY**

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

7. Birth date of deceased **March 30 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 30 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Paul Washington Huston**
13. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Belle Bennett**
15. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Horn**
(b) Address **586 W Washington Ave**

17. (a) **Burial** (b) Date thereof **March 7-1-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Jades Monroe City**

18. (a) Signature of funeral director **W. J. Sad & Sons**

(b) Address **Monroe City, Mo**

19. (a) **9/30/45** (b) **W. E. M. Fisher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month **JUNE** day **29**
year **1945** hour **7:30** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **May 24**, 1945, to **June 29**, 1945;
that I last saw her alive on **June 27**, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3hrs**
Due to **Chronic Myocarditis** **10 yrs**
Due to **Hyperthyroidism** **30 Yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

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 type of place) _____ (Specify means of injury)
23. Signature **John H. Harts** (M. D. or other) _____
Address **Monroe City, Mo** Date signed **6/29**

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

4
3
7

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
CERTIFICATE OF EMBALMING

DATE OF EMBALMING
PLACE OF EMBALMING

JUL 11 1957

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 By me

Registered Apprentice No.

working under my personal supervision.

Signed

Levin L. Wilson

Licensed Embalmer No. 3014

Address

Monroeville, 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.