V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31003

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 249

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: St.Elizabeth Hospital 0
(If not in hospital or institution, write street number or location)

(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 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 416 North Sixth Street 4
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hattie A.Petter

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 George A.Petter

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August 20,1866 (Month) (Day) (Year)

8. AGE: Years 79 Months Days 12 If less than one day hr. min.

9. Birthplace Paducah Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

FATHER
12. Name John A2Miller
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Katherine Lohrum
15. Birthplace St.Louis Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant George A.Petter
(b) Address 416 North Sixth Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

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

19. (a) 9-5-45 (Date received local registrar) (b) E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1945 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from
, 1940, to 9-2, 1945
that I last saw her alive on 9-1, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Chole cystitis	2 weeks
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 1270	

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

23. Signature [illegible] (M.D. or other)
Address Hannibal Mo Date signed 9-5-45

1394 (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 C. L. Feland

Licensed Embalmer No. 1399

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.