

FILED SEP 20 1945

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Nannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
725 Hill St. 1
(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
(c) City or town Nannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 725 Hill St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Peyton

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>-</u>	hr. <u>-</u> min. <u>-</u>

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Hedges
13. Birthplace Nannibal Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Hedges
15. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Franklin
(b) Address 725 Hill St, Nannibal, Mo.

17. (a) Burial (b) Date thereof Aug. 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery
18. (a) Signature of funeral director Ray P. Stewart
(b) Address 1011 Hwy. Nannibal, Mo.
19. (a) 822/45 Dr. E. M. Tucker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1945 hour 2 minute 1 A.M.
21. I hereby certify that I attended the deceased from Aug 25-27
1945 to Aug 12 1945
that I last saw her alive on Aug 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arterio Sclerosis
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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 0
23. Signature J. P. [unclear] (M. D. or other) MD
Address Nannibal Mo Date signed 8/11/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
3
4

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 *Frank W. Larkin*.....

Licensed Embalmer No. *4110*.....

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.