. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41839

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 326

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:
3307 St.Charles /
(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 Missouri (b) County Marion 64

(c) City or town Hannibal 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3307 St.Charles 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Syville Alice Pickett

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 Robert

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

7. Birth date of deceased December 31, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation XX

11. Industry or business

FATHER
12. Name Rollman Siminom
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbarba Elan Hannahs
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs.J.W.Milton
(b) Address 3307 St.Charles Hannibal

17. (a) Burila (b) Date thereof 10/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway Hannibal

19. (a) 11-5-45 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1945 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from 1936, 19..., to Oct 28, 1945, that I last saw h. alive on Oct 23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Debility	2yrs
Due to Cerebral Arterio Sclerosis	5yrs
Due to Hypertensive Cardio Vascular Disease	10yrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. E. Sultzman (M. D. or other) MD
Address Hannibal Mo. Date signed 12/31/45

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.....

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.