

No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. **41848**
Registrar's No. **339**

FILED DEC 29 1945
Registration District No. **209**

Primary Registration District No. **3043**

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

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 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

3. (a) PRINT FULL NAME Elizabeth K. Stillwell

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 Harold A. Stillwell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 3, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 5 4 hr. _____ min.

9. Birthplace Nevada Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER

12. Name John A. Knott

13. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Breckenridge

15. Birthplace St. Louis County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Harold A. Stillwell

(b) Address 1102 Broadway Hannibal

17. (a) Burial (b) Date thereof 11/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway

19. (a) 11-14-45 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

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. 1102 Broadway **4**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1945 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan to Nov 7, 1945
that I last saw or alive on Nov 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis **10 yrs**

Due to Coronary Thrombosis **10 yrs**

Due to _____

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

Major findings: 932

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature W. H. H. H. H. (M. D. or other) **0**

Address St. Louis, Mo Date signed _____

Duration
10 yrs
10 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

Nov 10 - 45

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 *L. L. Tolson*

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.