

FILED FEB 15 1946

State File No. _____
Registrar's No. 31

Registration District No. 207 Primary Registration District No. 3043

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:
Residence 321 North Fifth
(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 _____
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. 321 North Fifth 4
(If rural, give location) 10

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

3. (a) PRINT FULL NAME Julia T. Hill

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1946 hour about 4:00 A. minute _____ M.

21. I hereby certify that I attended the deceased from 1936
to 1946
that I last saw her alive on Nov 28 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louis P. Hill 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 17,
Month Day Year

Immediate cause of death Coronary Thrombosis Duration Instant
Death

Due to Angina pectoris 10 yrs

Due to _____

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

8. AGE: Years Months Days If less than one day
about 72 hr. min.

9. Birthplace Centerville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy 940

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Frederick Koehling

13. Birthplace Fryburg Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anjellain Barnosconi

15. Birthplace Keokuk Iowa
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Miss Helene Koehling

(b) Address Burlington Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/46
(Month) (Day) (Year)

(c) Place: burial or cremation Oakland, Keokuk Iowa

18. (a) Signature of funeral director [Signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 1-15-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

23. Signature [Signature] (M. D. or other) M.D.

Address 500 Broadway Date signed 1-15-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

4
3
4

1562

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 *G. L. Ireland*
Licensed Embalmer No. 1399
P. O. Address Hannibal Misson

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.