S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3335

FILED FEB 1 1946

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 390

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

(d) Street No.: 3116 St. Charles 4
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Laura Ellen Maple

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: Lewis E. Maple

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

7. Birth date of deceased: July 21, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	6	hr. min.

9. Birthplace: Pleasant Hill, Pike County Ill. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: xx

FATHER
12. Name: Ben F. Thomas
13. Birthplace: Pike County Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lucy Leeke
15. Birthplace: Pike County Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. O. L. Akerson

(b) Address: 3118 St. Charles Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/29/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Mount Olivet

18. (a) Signature of funeral director: Crawford Smith

(b) Address: 902 Broadway Hannibal Missouri

19. (a) 12-31-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1945 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 20, 19 45 to Dec 27, 19 45 that I last saw him alive on Dec 27, 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death): Chronic nephritis

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: [illegible] (M. D. or other)

Address: [illegible] Date signed 12-27-45

(Licensed Embalmer's Statement on Reverse Side)

189

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

100610

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. Crawford Smith

Licensed Embalmer No. 3814

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.