

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6469**
Registrar's No. **72**

Registration District No. **209**

Primary Registration District No. **2043**

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **Hannibal**
(c) Name of hospital or institution:
409 Mungler Street 1
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Marion 64**
(c) City or town **Hannibal 3**
(d) Street No. **409 Mungler St 4**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Annie Sims**
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **6**
year **1946** hour **2** minute **10:30 A.M.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **Divorced Widowed**
(b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive

21. I hereby certify that I attended the deceased from **2/1/46** to **2/6/46** that I last saw her alive on **2/6/46** and that death occurred on the date and hour stated above.

7. Birth date of deceased **July 1 1864**
(Month) (Day) (Year)

Immediate cause of death **Acute coronary occlusion Sudden**
Due to **Coronary Arterio-Sclerosis just**
Due to **Senility**

8. AGE: Years **81** Months **6** Days **5** If less than one day

Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations
Of autopsy

10. Usual occupation **Housework**
11. Industry or business

12. Name **John Gibson**
13. Birthplace **Ireland 4**
14. Maiden name **Mary Hannah**
15. Birthplace **Ireland 4**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Mrs. Julia Ryan**
(b) Address **Hannibal Mo**
17. (a) **Burial** (b) Date thereof **2/8/46**
(c) Place: burial or cremation **St. Maria's Cemetery**
18. (a) Signature of funeral director **J. M. ...**
(b) Address **Hannibal Mo**
19. (a) **2-19-46** (b) **Dr. E. M. Ducke**

While at work? (Specify type of place) (e) Means of injury
23. Signature **J. B. Horton** (M. D. or other)
Address **Hannibal Mo** Date signed **July 46**

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

MOTHER FATHER

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

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 *J. M. O'Donnell*

Licensed Embalmer No. *3889*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
-- STANDARD CERTIFICATE OF DEATH

State File No. Mar

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

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:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Annie Sims

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased July (Month) 28 (Day) 1882 (Year)

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

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) Mo.

10. Usual occupation housewife

11. Industry or business own home

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 8/15/46 (b) E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 15 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

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

6469