

**FILED** MAR 13 1946

Registration District No. 2067 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:  
STELIZABETH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 63 DAYS HOSPITAL  
(Specify whether 6 DAYS)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town MONROE CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 208 -2nd Street  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MATTIE LEE TRUSSELL

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 STANLEY 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased FEBRUARY 19 1879  
(Month) (Day) (Year)

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

66 II 25 hr. min.

9. Birthplace HAGARS GROVE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name HUBERT J. STANLEY

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

14. Maiden name MATTIE McAFEE

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

16. (a) Informant Jeff Trussell

(b) Address Monroe City, Mo.

17. (a) BURIAL (b) Date thereof 2-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St JUDES MONROE CITY

18. (a) Signature of funeral director Wilson & Sons

(b) Address MONROE CITY, MO

19. (a) 2-18-46 (b) W. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 16th  
year 1946 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb 5  
16 to Feb 16, 1946  
that I last saw her alive on Feb 16, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Diabetic Coma  
Diabetic gangrene of  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed \_\_\_\_\_

**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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lester L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.**