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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13852

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 118

1. PLACE OF DEATH:

(a) County Marion County.

(b) City or town Hannibal, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
StElizabeth Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State Missouri (b) County Ralls,

(c) City or town Center, Missouri. R.F.D. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Center Township (Rural) 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Nora Ardrey

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clyde Ardrey

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December, 11, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	3	3	hr. min.

9. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

FATHER
12. Name Jean Harlinger.
13. Birthplace Pike County, Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Welch.
15. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Ardrey.
(b) Address Center, Misouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/46
(Month) (Day) (Year)
(c) Place: burial or cremation Olivate Cemetery. Center, Mo.

(a) Signature of funeral director Couch & Wilbey
(b) Address Center, Missouri.

(a) 3.21.46 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 14th, year 1946 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from 3-27, 1945 to 3-14, 1946, that I last saw her alive on 3-14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abdominal carcinomatosis	1 mo
Due to Carcinoma / breast	1 yr
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations Removal of right breast 3-31-45
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 Howard Budrick (M. D. ~~or other~~)
Address Hannibal, Mo. Date signed 3-29-46

189 (Licensed Embalmer's Statement on Reverse Side)

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 Clyde C. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, 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.