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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13859**

FILED APR 22 1948

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **126**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion **64**
(c) City or town Hannibal **2**
(If outside city or town limits, write "RURAL")
(d) Street No. 505 Mark Twain **11**
(If rural, give location) **10**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen M. Derrison

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 Richard 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July 9 1915
(Month) (Day) (Year)

8. AGE: Years 30 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Marion MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harry E. Davis

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

14. Maiden name Elma McPardler

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

16. (a) Informant Richard Derrison

(b) Address 505 Mark Twain Hannibal Mo

17. (a) Burial (b) Date thereof March 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Pk.

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 3-28-46 (b) Dr. E. M. Lusk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1946 hour _____ minute 5:20 A.M.

21. I hereby certify that I attended the deceased from March 20 1946
20 13 1946 to March 20 1946
that I last saw him alive on 3/21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
7 day

Due to Acute hemolysis 7 day

Due to Septicemic Sepsis 7 day

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

Major findings: Of operations 240
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) Means of injury _____

23. Signature J. B. Norton (M. D. or other)
Address Hannibal Mo Date signed 3/29/46

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

MOTHER FATHER

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 *H.M. O'Connell*

Licensed Embalmer No. 3889

P. O. Address Hamlet 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.