No. 2
-2-43
17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 22 1946

State File No. 13864

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 114

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: 3301 Market St - Longs Rest Home
(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 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3301 Market 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Ora May Gilreath

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 Widow I

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

7. Birth date of deceased April 22, 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name John Thompson
13. Birthplace — (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) — (State or foreign country) 9

16. (a) Informant Mrs Morris Moore
(b) Address 1813 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cem.

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 3-18-46 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1946 hour ..... minute 10:15 a.M.

21. I hereby certify that I attended the deceased from ....., 1944 to 3-17, 1946 that I last saw her alive on 3-17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Parkinson's Disease	10 yr
Due to	
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 97

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 NO

(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 0

23. Signature [signature] (M.D. or other)

Address Hannibal Mo Date signed 3/17/46

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(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 H 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.