

No. 2
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-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13870

State File No.

FILED APR 22 1946
Registration District No. 26

Primary Registration District No. 3043

Registrar's No. 143

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: 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 Missouri (b) County Marion **64**

(c) City or town Hannibal **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 217 Bird Street **4**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME Mary E. Owsley Kofer

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

7. Birth date of deceased January 20, 1872
(Month) (Day) (Year)

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

74	2	18	hr. min.
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9. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER { 12. Name Thomas C. Owsley /

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

14. Maiden name Rebecca Spires /

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

16. (a) Informant Miss Bernice Foster

(b) Address 217 Bird, Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/46 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Grove Cemetery Mo.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 4-10-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1946 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 10 1946 to Apr 8 1946
that I last saw her alive on Apr 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic Duration months

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy no **63d**

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 A. B. Blaine (M.D. or other) **D**
Address Hannibal Mo Date signed 4-9-46

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 *Crawford Smith*
Licensed Embalmer No..... 2814
P. O. Address..... Hannibal Missouri

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.