

S. No. 2
OM-5-43
v. 5-17-39
No. 1 X36671

FILED JUN 12 1946

Registration District No. **267** Primary Registration District No. **3043**

64
3
4

16272
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. 221 a North Fifth **4**
(If rural, give location)

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

3. (a) PRINT FULL NAME Cora Claudine Suits

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 Arthur A. Suits 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased September 3, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Near Wentzville Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER

12. Name John W. Miller

13. Birthplace Frederick County Missouri **0**
(City, town, or county) (State or foreign country)

14. Maiden name Helen Frye

15. Birthplace Frederick County Virginia **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. A. Suits

(b) Address 221 a North Fifth, Hannibal Missouri

17. (a) Burial (b) Date thereof 4/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

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

(b) Address 90 Broadway Hannibal Missouri

19. (a) 4-19-46 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1946 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from 4-8-46 to 4-19-46 and that death occurred on the date and hour stated above.

Immediate cause of death Central Apoplexy **1 day**
Diabetes mellitus **3 y.**

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) **MDP**
Address Hannibal Date signed 4-19-46

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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..... *Cornelius Smith*
Licensed Embalmer No..... 7814
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.