S. No. 2
1—8-43
5-17-39
P I X37823

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

26608

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27770

State File No. 27770

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 258

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: Levering Hospital O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DEACESED: 64

(a) State: Missouri (b) County: Marion

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

(d) Street No.: 117 Collins
(If rural, give location)

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

3. (a) PRINT FULL NAME: Carrie E. Whitby

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Marvin Whitby

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

7. Birth date of deceased: February 7, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	5	20	..... hr. ..... min.

9. Birthplace: Canada (City, town, or county) 2 (State or foreign country)

10. Usual occupation: xx

11. Industry or business: xx

MOTHER FATHER

12. Name: Hiram Howe 1

13. Birthplace: New York (City, town, or county) ..... (State or foreign country)

14. Maiden name: Fannie McGee

15. Birthplace: Canada (City, town, or county) 2 (State or foreign country)

16. (a) Informant: EL. Sparks

(b) Address: Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/29/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Maplewood, Clarence Mol

18. (a) Signature of funeral director: W. Raymond Smith

(b) Address: 902 Broadway Hannibal Missouri

19. (a) 7-29-46 (Date received local registrar) (b) W. R. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1946 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-23 1946 to 7-27 1946 that I last saw her alive on 7-27 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardiac	1 week
Due to: arterio sclerosis	
Due to: senility	
Other conditions: Bronchial asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: no

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: J. H. Anderly M.D. (M. D. or other)

Address: Hannibal Mo Date signed 7-29-46

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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. W Crawford Smith

Licensed Embalmer No. 3814

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.