

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34157

State File No. \_\_\_\_\_

FILED OCT 24 1946

Registrar's No. 317

Registration District No. 209

Primary Registration District No. 3043

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: Levering 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

3. (a) PRINT FULL NAME Nora Catherine Green

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 Widowed

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

7. Birth date of deceased March 26, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	6	14	_____ hr. _____ min.

9. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER { 12. Name Edward Hardesty

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

14. Maiden name Mary Graham

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

16. (a) Informant Mrs. G. A. Likes

(b) Address 1109 Walnut

17. (a) Burial (b) Date thereof 10/12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director W. Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) Oct 11 46 (b) W. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Monroe City 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10  
year 1946 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 9-6-46 to 10-10-46  
that I last saw h.c.v. alive on 10-10-46 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal broncho pneumonia  
and pneumonia  
secondary to asthma

Due to terminal broncho pneumonia 4 days  
and pneumonia 1 week

Due to secondary asthma 3

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy g4A

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (c) Means of injury \_\_\_\_\_

23. Signature W. E. M. Lucke (M. D. or other) MD  
Address Holmes Bldg. Hannibal Date signed 10-11-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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... *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.**