

FILED OCT 24 1946  
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 327

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:  
1213 Church  
(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  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1213 Church  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fannie Pence Smith

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 Samuel C. Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 28, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 9 17 hr. min.

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

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER { 12. Name Emmroy Gentle  
13. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Ann e Turley  
15. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Pence  
(b) Address Chicago Illinois

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

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director H. Campbell Smith  
(b) Address 9 Broadway Hannibal Missouri

19. (a) 10-16-46 (b) Dr E M Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 15 1946  
year hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 15th 1946 to Oct 15th 1946  
that I last saw her alive on 10/15/46 and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Pressure of Pleural Lesions of Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A. Of autopsy \_\_\_\_\_

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 H. Campbell Smith (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed 10/16/46

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.**