

S. No. 2  
M-8-43  
7-5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41346

FILED DEC 28 1946

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 388

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:  
Residence, 1420 Valley  
(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 Ollie Mae McGee

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 John H. T. McGee 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December 8, 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>11</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER

12. Name Walter Boyd Moberly

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

14. Maiden name Ollie Alice Smith

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

16. (a) Informant John H. T. McGee

(b) Address 1420 Valley, Hannibal Missouri

17. (a) Burial (b) Date thereof 12/7/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cem

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

(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-3-46 (b) Dr. E. M. Lucka  
(Date received local registrar) (Registrar's signature)

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. 1420 Valley 4  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 8 30  
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1943  
1943 to Nov. 20 1946

that I last saw her alive on 1943 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Brown Tumors Duration \_\_\_\_\_

Due to Bent Neck

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 A. B. Blue (M. D. or \_\_\_\_\_)

Address Hannibal Mo Date signed \_\_\_\_\_

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

---

---

**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..... 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.**