

FILED JAN 13 1947  
Registration District No. 207293

Primary Registration District No. 30936004

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

Registrar's No. 416

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence R R # 2  
(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. 1604 Fulton  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Fannie Wickersham 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 Abner S. Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 5, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 11 13 hr. min.

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

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER { 12. Name James Wickersham  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Millicent Silver  
15. Birthplace Ralls County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.B. Davis

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 12/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

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

(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-31-46 (b) H. Crawford Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1946 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 18, 1946, to Dec. 18, 1946  
that I last saw her alive on Dec. 18, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 9/4A  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury 21  
23. Signature Gleason R. Miller D. O. (Registrar)  
Address Hannibal Mo Date signed 12/24/46

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

87  
0  
1

RECEIVED  
District Health Officer No. 10  
District File Number 1-47-25  
Date Filed JAN - 9 1947

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..... m 2814 .....

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.