DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14187

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 130

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: St. Elizabeth Hospital 0
(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 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. 1122 Ely St. 4
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Sarah Elder

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 Arthur Elder

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October (Month) 15 (Day) 1870 (Year)

8. AGE: Years 75 Months 5 Days 7 If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER

12. Name Andy Doolan

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

14. Maiden name unknown

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

16. (a) Informant Arthur Elder

(b) Address 1122 Ely, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Broadway, Hannibal Mo.

19. (a) 3-29-47 (Date received local registrar) (b) Dr. R. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6 Feb, 1947, to 22 March, 1947 that I last saw her alive on 22 March, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Cerebral arteriosclerosis

Due to —

Other conditions: Diabetes Mellitus
(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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature Henry J. Keller (M. D. or other) M.D.

Address 113a S. Main Date signed 25 Mar/47 Hannibal Mo

189 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4324

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.