

FILED APR 21 1947

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 150

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 3211 St. Marys
(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 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 3211 St. Marys 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret M. Parham
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 11
year 1947 hour 1 minute 15 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward F. Parham 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 1, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 1 47
4-11-47
that I last saw her alive on 4-10
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 11 10 hr. min.

Immediate cause of death Coronary Artery Disease
High Blood Pressure
Due to _____
Due to _____

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

Other conditions Coronary Artery Disease 9 yr.
(Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business XX
12. Name Hosea N. Brothers
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kennedy
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant F. F. Parham
(b) Address 3211 St. Mary's Hannibal Mo
17. (a) Burial (b) Date thereof 4/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Barkley Cemetery New London
18. (a) Signature of funeral director [Signature]
(b) Address 902 Broadway Hannibal Missouri
19. (a) 4-11-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Hannibal Mo Date signed 4-11-47

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

MOTHER FATHER

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..... 7 814.....

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.