

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14224

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 134

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution:
ST. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 124 (Specify whether
In this community..... (Specify whether
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")
(d) Street No. 2111 Hope St 4
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lorraine M. Trower
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March, day 22
year 1947 hour..... minute 10⁴⁰ P.M.
21. I hereby certify that I attended the deceased from
12-9- 1946 to 3-22- 1947;
that I last saw her - alive on 3-27 1947;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John S 6. (c) Age of husband or wife if
alive 31 years
7. Birth date of deceased May 7 1918
(Month) (Day) (Year)

Immediate cause of death
Cardiac decompensation 3 days
Due to Valvular Heart Disease 5 years
Due to Rheumatic Fever ?
Other conditions Pulmonary Embolism
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>10</u>	<u>15</u>	hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Henryetta OKla (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business.....
12. Name Frank Ernest
13. Birthplace OKla City (City, town, or county) (State or foreign country)
14. Maiden name Rozzie Gaberina
15. Birthplace OKla (City, town, or county) (State or foreign country)
16. (a) Informant John C Trower
(b) Address 2111 Hope St Hannibal MO
17. (a) Removal (b) Date thereof March 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Henryetta OKla
18. (a) Signature of funeral director James O'Connell
(b) Address Hannibal MO
19. (a) 3-29-47 (b) J B M Luche
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 0
23. Signature Harry L. Luche (M. D. or other)
Address 100 N. 6th Hannibal, Mo. Date signed 3-28-47

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. 497
working under my personal supervision.

Signed H. M. Greene
Licensed Embalmer No. 3889
P. O. Address Hannibal Mo

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.