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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1947

Registration District No. 109

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 14227

Registrar's No. 180

1. PLACE OF DEATH:
(a) County: Marion.
(b) City or town: Hannical, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Monroe. 69
(c) City or town: Florida, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Elizabeth Alice Violette
3. (b) If veteran, name war:
3. (c) Social Security No. None.

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married.
6. (b) Name of husband or wife: Dan Violette.
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: July 18, 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	8	22	hr. min.

9. Birthplace: Florida, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business: Home.
MOTHER FATHER
12. Name: James O. Richart.
13. Birthplace: Monroe County, (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name: Sarah Chowning
15. Birthplace: Monroe County, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: Paul Richart
(b) Address: ~~XXXXXX~~, Hannibal, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Florida, Missouri.
18. (a) Signature of funeral director: Clyde Wilkey
(b) Address: Perry, Mo.
19. (a) 5-6-47 (Date received local registrar) (b) W. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 10th, year 1947 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive on April 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 days.
Due to Cerebral Hemorrhage	7 days.
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Glomerular nephritis?	

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: Harry L. Green (M. D. or other)
Address: Hannibal, Mo. Date signed 4/12/47

(Licensed Embalmer's Statement on Reverse Side)

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 John H. Ellis, Registered Apprentice No. 494, working under my personal supervision.

Signed Clyde E. Wilcox

Licensed Embalmer No. 3820

P. O. Address Perry, Iowa.

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.