

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1947
Registration District No. 207

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24822
Registrar's No. 287

Primary Registration District No. 3043

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution:
2417 West Bird Street
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 2417 West Bird
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME EMMA V. HOUGH
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 _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 3 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17
year 1947 hour _____ minute 9:00 P.M.
21. I hereby certify that I attended the deceased from Jan-46, 19 _____ to July 17, 1947
(that I last saw her alive on July 15, 1947
and that death occurred on the date and hour stated above.)
Immediate cause of death: cerebral hemorrhage
Due to: arterio-sclerosis
Due to: Hypertension

8. AGE:	Years	Months	Days	If less than one day
	84	6	14	_____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

9. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name George Cloud
13. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Taylor
15. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Ruby L. Hough
(b) Address Hannibal, Mo.
17. (a) Burial (b) Date thereof 7-19-47
(c) Place: burial or cremation Farmington, Missouri
18. (a) Signature of funeral director J. J. Donnell
(b) Address Hannibal, Missouri
19. (a) 8-4-47 (Date received local registrar)
(b) R. M. Lucke (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
23. Signature _____ (M. D. or other)
Address _____ Date signed July 30 - 47

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..... L. M. O'Connell

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.