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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 23 1947**  
Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28338  
Registrar's No. 293

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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
501 Olive St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
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. 501 Olive St. 4  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY E. CHANDLER  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 11  
year 1947 hour 10 minute \_\_\_\_\_ P. M.

4. Sex female  
5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Pine Chandler  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 22, 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 4 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bent. Convulsion  
Due to Senility  
Duration 1 day

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Crouch  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Keithly  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. B. F. Cripe  
(b) Address 501 Olive, Hannibal, Mo.

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed 8/13/47

17. (a) burial (b) Date thereof Aug. 13, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Reed Cemetery, Winfield

18. (a) Signature of funeral director Roy O. Schwartz  
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 8-13-47 (b) D. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

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**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..... *Richard Brown*.....  
Licensed Embalmer No..... *4324*.....  
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.**