S. No. 2
I—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1947

Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 31827

Registrar's No. 342

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 222 South Sixth
(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")
(d) Street No.: 222 South Sixth 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Emma Hadder Mennie
3. (b) If veteran, name war: 1
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: Ernest H. Mennie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: November 5, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	27	hr. min.

9. Birthplace: Marion County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: xx
MOTHER FATHER
12. Name: Theodore Hadder
13. Birthplace: Maryland
(City, town, or county) (State or foreign country)
14. Maiden name: Sarah Ann Walker
15. Birthplace: Hannibal Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. G. W. Storrs
(b) Address: Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olivet
18. (a) Signature of funeral director: W. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 10-4-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2 year 1947 hour about 4 P.M. minute M.
21. I hereby certify that I attended the deceased from 1937, 19, to 9-22, 1947
and that I last saw her alive on 9-22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary embolism	Sudden death
Due to: Heart attack	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension	Several years

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN
Underline the cause of 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: 0
23. Signature: J. C. Shilton M. D.
Address: 800 Broadway Date signed: 10-3-47
Hannibal, Mo

ITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

...son City Printing Co.
(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 388

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.