S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31836

Registration District No. 2089 Primary Registration District No. 3043 Registrar's No. 339

WRITE PLAINLY—USING 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: 223 South 10th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: 223 South 10th Street
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ZADIA ANNA WEBBER
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: Married
6. (b) Name of husband or wife: Jacob
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 22 (Day) 1891 (Year)

8. AGE: Years 56 Months 2 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: John Brummer
13. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Captola Sims
15. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Jacob Webber
(b) Address: Hannibal, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Grand View Burial Park
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Missouri
19. (a) 9-30-47 (Date received local registrar) (b) Lyle M. Rucker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 year 1947 hour ..... minute 12:30 P. M.
21. I hereby certify that I attended the deceased from Sept 1926 1947, 19..., to Sept 26 1947, 19..., that I last saw he alive on Sept 26 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....

Duration

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 .....
23. Signature: H. M. Meeker (M. D. or other) MD
Address: Hannibal Mo Date signed 9/27/47

Jefferson 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.....H M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hamilton Ont

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.