. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38890

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 387

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: 1401 Robinson Ave
(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. 1401 Robinson 4
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Anna Elizabeth Abell
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 Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 9 (Day) 1882 (Year)

8. AGE: Years 65 | Months 2 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) ILL (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name Joseph Martin
13. Birthplace ..... (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Mary C. Bell
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)
16. (a) Informant William Abell
(b) Address 1401 Robinson Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Paul Cem. Ralls Co Mo
18. (a) Signature of funeral director James O Donnell
(b) Address Hannibal Mo
19. (a) 11-20-47 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1947 hour ..... minute 5 30 P.M.

21. I hereby certify that I attended the deceased from 1940, 19..., to Sept 14, 1947; that I last saw her alive on 1945, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion?	1 minute
Due to arteriosclerosis	
Due to was found dead in bed - Had spastic paralysis for many	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no 94P
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) no
(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 Harvey M.D. (M. D. or other)
Address Hannibal Mo Date signed 9-15-47

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 George R. Magee Jr., Registered Apprentice No. 497, working under my personal supervision.

Signed W. M. O'Donnell

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.