S. No. 2
M—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. 38914

Registration District No. 2019 Primary Registration District No. 3043 Registrar's No. 381

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: 610 S Main ST
(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. 610 S Main 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Anna M. Noble
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 Divorced
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 14 (Day) 1880 (Year)

8. AGE: Years 67 Months 1 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Center (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation House Keeper
11. Industry or business .....
FATHER
12. Name William Swon
13. Birthplace Calhoun Co (City, town, or county) ILL (State or foreign country)
MOTHER
14. Maiden name Ellen Jones
15. Birthplace ..... (City, town, or county) ILL (State or foreign country)
16. (a) Informant William C Davis
(b) Address 610 S Main Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove Cemetery Ralls Co. Mo
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 11-15-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th year 1947 hour ..... minute 6:05 P M.
21. I hereby certify that I attended the deceased from 1 Nov/47 2 ....., 19....., to ....., 19.....; that I last saw her alive on 4th Nov, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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) 0
(e) While at work? ..... (f) Means of injury .....
23. Signature Maurice J. Collins (M. D. or other) M.D.
Address 113 a S. Main Hannibal Mo Date signed Nov 12/47

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 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.