No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1771

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 6

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: 507 Bridge St 1
(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. 507 Bridge 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Sandra K. Large

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 5

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January (Month) 3 (Day) 1948 (Year)

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

9. Birthplace Hannibal (City, town, or county) MO 1 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Roy Large
13. Birthplace Hannibal (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Gertrude Amos
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Roy Large
(b) Address 507 Bridge Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation MT. Olivet Cemetery

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 1-6-48 (Date received local registrar) (b) Dr E. M. Lucker (Registrar's signature) 1X9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1948 hour ..... minute 4 a M.

21. I hereby certify that I attended the deceased from Jan 3, 1948 to Jan 3, 1948 that I last saw her alive on Jan 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital malformation of heart	1 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

157E

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 2

23. Signature Glenn R Miller (M. D. or other) DC

Address Hannibal Mo Date signed Jan 6 1948

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

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.