

S. No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5471**
Registrar's No. **36**

FILED FEB 19 1948

Registration District No. **209**

Primary Registration District No. **3043**

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: **Levering**
(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)

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. **Hannibal LaGrange College**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Abigail Florence Hunter**

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 **January 30, 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 hr. 12 min.

9. Birthplace **Hannibal Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **XX**

11. Industry or business **XX**

12. Name **John Hunter**

13. Birthplace **Green County Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Elizabeth Creson**

15. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Hunter**

(b) Address **Hannibal Missouri**

17. (a) **Burial** (b) Date thereof **2/2/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gransview Burial Park**

18. (a) Signature of funeral director **W. C. Crawford Smith**
(b) Address **902 Broadway Hannibal Missouri**

19. (a) **2-3-48** (b) **Dr. E. M. Lucke**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **31**
year **1948** hour **8** minute **50** A.M.

21. I hereby certify that I attended the deceased from **1-30**
19**48**, to **1-31**, 19**48**
that I last saw her alive on **1-31**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death
Difficult breed extraction causing prolonged anoxemia - 10 hrs
Due to **Dist. para-ovary - very dense - frank bleed - premature**
Due to **rupture of mes. ovaries - 12 days post mature**
Other conditions **160 cc**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: **Fully dilated 10 hours before delivery - breed still kept -**
Of operations
Of autopsy

Underline the cause to 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?

While at work? (Specify type of place) (or) Means of injury

23. Signature **Harold Sadick** (M. D. or other) **MD**

Address **Hannibal Mo** Date signed **2-3-48**

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

4
3
4

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.....

John S Ward....., Registered Apprentice No. *35*
working under my personal supervision.

Signed..... *H Crawford Smith*

Licensed Embalmer No. *3814*

P. O. Address. *Hannibal Missouri*

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.