No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 5475

Registrar's No. 65

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: Levering Hospital 0
(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. 1303 Walnut st 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Susan Lambert
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 Married
6. (b) Name of husband or wife Chas.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 29 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Ma[illegible] co Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name John Jolley
13. Birthplace Tenn 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Meadows
15. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Chas. Lambert
(b) Address Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (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) 2-21-48 (Date received local registrar) (b) Dr. E. M. Locke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1948 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1947, 19 to Feb - 12, 1948
that I last saw her alive on Feb 12, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	10 yrs
auricular fibrillation	3 [illegible]
Due to Toxic adenoma of Thyroid	2 yrs
Due to	
Other conditions Broncho pneumonia (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations ✓
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)
(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
While at work? (e) Means of injury

23. Signature Robert J. Lanning (M. D. ~~or other~~)
Address Hannibal, Mo Date signed 2/16/48

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 M. 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.