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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5489

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 42

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: Residence 241 N.Locust /
(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. 241 North Locust 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nellie Ellen True

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 Widowed 2

6. (b) Name of husband or wife George B.True

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

7. Birth date of deceased August 3,1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Lincoln County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

FATHER
12. Name Blandy Abbott 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Harfield
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs.D.C.Hanley

(b) Address 241 North Locust Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bevier Missouri

18. (a) Signature of funeral director H Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 2-6-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1948 hour 6 minute 00 A M.

21. I hereby certify that I attended the deceased from
, 19, to 1944 19;
that I last saw her alive on 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration ½ hr

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94 ft

Of autopsy

PHYSICIAN
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) 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 0

23. Signature [illegible] (M. D. or other)

Address Hannibal Mo Date signed 2-6-48

(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 John S Ivan, Registered Apprentice No. 35, working under my personal supervision.

Signed W. 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.