No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5500

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 32

64
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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 (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 (If outside city or town limits, write "RURAL") 3
(d) Street No.: 3020 James Road (If rural, give location) 4
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ethel Cochran Wichern
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: Married
6. (b) Name of husband or wife: Henry Wichern
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: October 19, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	2	29	..... hr. ..... min.

9. Birthplace: Mexico Missouri (City, town, or county) (State or foreign country) 6
10. Usual occupation: Housewife
11. Industry or business: XX

FATHER
12. Name: John P. Cochrane
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Henrietta Smith
15. Birthplace: Indiana (City, town, or county) (State or foreign country)

16. (a) Informant: Henry Wichern
(b) Address: 3020 James Road Hannibal Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/20/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Grandview Burial Park
18. (a) Signature of funeral director: H. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) Jan 23-1948 (Date received local registrar) (b) Dr E M Lucke (Registrar's Signature) 1/84

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1948 hour 1 minute 00 P. M.
21. I hereby certify that I attended the deceased from Jan 4, 1948, to Jan 18, 1948 that I last saw her alive on Jan. 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac embolism
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) 126
Major findings: Of operation: Cholecystitis c stones
Of autopsy .....

Duration

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 .....
23. Signature: [signature] (M. D. or other)
Address: 100 Bldg Hannibal Mo Date signed 1-23/48

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 _____, Registered Apprentice No. _____, 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.