S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 20

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9412

Primary Registration District No. 3043

Registrar's No. 115

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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: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 Months (Specify whether years, months or days)

In this community:

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") 5

(d) Street No.: 806 Center (If rural, give location) 4

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

If yes, name country:

3. (a) PRINT FULL NAME: Manora Belle Staebler

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: Widowed

6. (b) Name of husband or wife: Albert Staebler

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

7. Birth date of deceased: June 22, 1865 (Month) (Day) (Year)

8. AGE: Years 82 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace: Dubuque Iowa (City, town, or county) (State or foreign country)

10. Usual occupation: XX

11. Industry or business: XX

MOTHER FATHER

12. Name: Seneca S. Smith

13. Birthplace: New York State (City, town, or county) (State or foreign country)

14. Maiden name: Mary Fitzrandolph

15. Birthplace: New York State (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. N. B. Blish

(b) Address: Kankakee Illinois

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 3/29/1948 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation: Oak Grove Crematory, St. Louis Mo.

18. (a) Signature of funeral director: W. Crawford Smith

(b) Address: 902 Broadway Hannibal Missouri

19. (a) 3-27-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1947 to March 25 1948 that I last saw her alive on March 25 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Myocarditis 1

Due to: Diabetes mellitus 2

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: No

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: 0

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

Address: Hannibal Mo Date signed: March 26-48

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

Signed N. Crawford Smith

Licensed Embalmer No. 381

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.