

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

(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")

(d) Street No. 1256 Essig  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Alice McKennie

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: October 18 1875  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business schoolteacher

12. Name William B. McKennie

13. Birthplace Farquar county, Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth M. Jones

15. Birthplace Sandusky Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rena Reid

(b) Address 1256 Essig, Hannibal, Mo.

17. (a) burial (b) Date thereof 4/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 4-15-48 (b) Dr. E. M. Luckey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th  
year 1948 hour 10 minute 10 a.m.

21. I hereby certify that I attended the deceased from March 14 1948 to April 6 1948  
that I last saw her alive on April 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Parinsony of uterus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 A. B. Blue (M. D. or \_\_\_\_\_)

Address Hannibal Mo Date signed 4/14/48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

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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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Summit, 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.