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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20146

FILED JUL 3 1948

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 200

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: 6/16/48 (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 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 313 Olive 4
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Marguerite Hirner
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: June 20, 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	11	29	hr. min.

9. Birthplace: Hannibal Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: XX
11. Industry or business: XX

FATHER
12. Name: John Hirner 0
13. Birthplace: Palmyra Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eva Herzog
15. Birthplace: Hannibal Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: John Hirner
(b) Address: 313 Olive Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olivet
18. (a) Signature of funeral director: W. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 6-22-48 (Date received local registrar) (b) Dr E M Leake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 19 year: 1948 hour: 5 minute: 15 A.M.

21. I hereby certify that I attended the deceased from: Nov 17, 1947 to June 19, 1948 that I last saw her alive on June 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Ca of Breast	2
Due to: Ca of Breast	1
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
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: H. H. Lueckke (M. D. or other)
Address: Hannibal Mo Date signed: June 22-48

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 J Hand, Registered Apprentice No. 25 working under my personal supervision.

Signed N. 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.