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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

20161

State File No.

FILED JUL 14 1948

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 216

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 Ralls 87

(c) City or town Saverton (If outside city or town limits, write "RURAL") 0

(d) Street No. Rural (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mary Lee Vann

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~~ 1

6. (b) Name of husband ~~or wife~~ John D. Vann Sr 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan. (Month) 28 (Day) 1893 (Year)

8. AGE: Years 55 Months 5 Days ~~7~~ 6 If less than one day ..... hr. ..... min.

9. Birthplace Calfax (City, town, or county) Louisiana (State or foreign country) 1

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name James Reynolds
13. Birthplace ..... (City, town, or county) Louisiana (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country) 9

16. (a) Informant John D. Vann

(b) Address Saverton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo

19. (a) 7-9-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 6-2, 1948, to 7-4, 1948, that I last saw her alive on 7-4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	3 days
Due to: Carcinoma of Uterus & adnexa with generalized	
Due to: Metastases	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 48 B

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)

While at work? ..... (e) Means of injury 0

23. Signature B. L. Murphy (M. D. ~~or other~~)

Address Hannibal, Mo Date signed 7-7-48

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 Ernest C. Wilson Registered Apprentice No. 490 working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Vandalia 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.