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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

(NUY)

State File No. 33523

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 339

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: Residence 507 North Fifth
(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 5
(If outside city or town limits, write "RURAL")

(d) Street No. 507 North Fifth 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Effie Brown Edwards

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 Bert Monroe

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 22, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	4	hr. min.

9. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business xx

FATHER
12. Name John J. Brown 0
13. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Delia Chew
15. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Bert M. Edwards

(b) Address 507 North Fifth Hannibal Mo

17. (a) Burial (b) Date thereof 10/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director [signature]

(b) Address 902 Broadway Hannibal Mo.

19. (a) Oct 27 '48 (b) Dr E M Lucke 100
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw her alive on October 22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Progressive cerebral hemorrhage	7 days
Due to Hypertensive cardiovascular disease	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9 3 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

23. Signature [signature] M.D. (M.D. or other)

Address Hannibal Mo. Date signed 10/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 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.