FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33529

State File No.

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 341

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (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 3
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Walnut St 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Marie Luther
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 Married 1
6. (b) Name of husband or ~~wife~~ Fred J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 23 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
55	—	19	hr. min.

9. Birthplace St Louis (City, town, or county) MO (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Joseph Voss
13. Birthplace St Louis (City, town, or county) MO (State or foreign country) 0
MOTHER
14. Maiden name Louisa Gavaner
15. Birthplace St Louis (City, town, or county) MO (State or foreign country) 0
16. (a) Informant Fred J. Luther
(b) Address 700 Walnut Hannibal MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal MO
19. (a) Oct 29 '48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1948 hour minute 2:46 a M.
21. I hereby certify that I attended the deceased from June 1948 to Oct 11 1948
that I last saw her alive on Oct 11 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Ca	5 / 1
Due to Ca of Colon	2 / 1
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 E	
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 [signature] (M. D. ~~or other~~)
Address Hannibal MO Date signed Oct 22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....Michael X O'Donnell.....

Licensed Embalmer No.....3246.....

P. O. Address.....Hannibal Mo.....

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.