

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33533

FILED NOV 1 1948
Registration District No. 18489

Primary Registration District No. 3043

Registrar's No. 334

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

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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: Lions Rest Home 4
(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. 1125 Lyon (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlotte Belle Treat
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased October 10, 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 22 year 1948 hour 6 min 05 PM
21. I hereby certify that I attended the deceased from Aug 22 - Oct 22 1948
that I last saw her alive on Oct 22 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Thrombosis
Duration 3 hrs

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>		<u>14</u>	hr. _____ min.

Due to Abound age & Previous Cerebral Thrombosis - 1945
Due to _____

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business XX
12. Name George Parker
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Lowe
15. Birthplace Deleware
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations g-30
Of autopsy _____
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

16. (a) Informant M. Agness Treat
(b) Address 1125 Lyon Hannibal Missouri
17. (a) Burial (b) Date thereof 10/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Olivet
18. (a) Signature of funeral director W. Bradford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) Oct 25 1948 (b) L. E. M. Luhe
(Date received local registrar) (Registrar's signature)

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 J. B. Norton (M. D. at 56-48)
Address Hannibal Mo Date signed _____

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 _____

John S. Ward

Licensed Embalmer No. 4540

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.