

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37363**
Registrar's No. **352**

FILED NOV 26 1948

Registration District No. **209**

Primary Registration District No. **3043**

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 109 Magnolia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion 64**

(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")

(d) Street No. **109 Magnolia**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Annis Bell Manard**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **13**
year **1948** hour **9** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **November 1**
..... 19 **48** to **November 13**..... 19 **48**
that I last saw **her** alive on **November 13**..... 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration **12 days**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lemuel Manard** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 21, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	3	24hr.min.

9. Birthplace **Renick Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **XX**

11. Industry or business **XX**

12. Name **George O. Powell**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Pernella A. Banks**

15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. George V. Howard**

(b) Address **109 Magnolia Hannibal Mo.**

17. (a) **Burial** (b) Date thereof **11/16/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Moberly Missouri**

18. (a) Signature of funeral director **H. C. ...**

(b) Address **902 Broadway Hannibal Missouri**

19. (a) **11-15-48** (b) **Mr. E. M. ...**
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **100**

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 **Joseph ...** (Date of other).....

Address **203 S. 6th, Hannibal, Mo.** Date signed **11-15, 48**

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

MOTHER FATHER

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.