

FILED JAN 3 1949

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

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:
1901 Chestnut St 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 3 mo
 years, months or days)

3. (a) PRINT
FULL NAME

Angeline C. Larimore
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 31 1881
 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 31 If less than one day hr. _____ min. _____

9. Birthplace Richfield Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business Own Home

12. Name Fredrick B. Ordor

13. Birthplace Adams Co Ill
 (City, town, or county) (State or foreign country)

14. Maiden name Eda Rice

15. Birthplace Richfield Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant Smith Larimore

(b) Address Barry, Ill

17. (a) Burial (b) Date thereof 12-30-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn, Barry Ill

18. (a) Signature of funeral director W. C. Cooper

(b) Address Paris, Ill

19. (a) Dec 28 48 (b) B. E. M. Lucko
 (Date received local registrar) (Registrar's signature)

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. 2003 Chestnut
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
 year 1948 hour 1:15 minute 7 M.

21. I hereby certify that I attended the deceased from my
 _____, 1948, to Dec 28, 1948
 that I last saw her alive on Dec 28, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral hemorrhage

Due to Hypertension & arterio sclerosis

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy None

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? 0

(e) Means of injury _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature B. D. Murphy (M. D. or other) 1948

Address Hannibal Mo Date signed 12-28-48

192003

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.....

Licensed Embalmer No.....

P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.