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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40779

FILED DEC 23 1948
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 386

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

(d) Length of stay: In hospital or institution 12/1/48
(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. 2226 a Market
(If rural, give location)

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

3. (a) PRINT FULL NAME Nina Cookingham McClish

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-24-3482

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Edward McClish

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

7. Birth date of deceased May 13, 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 48, 1948 to Dec 9, 1948
that I last saw him alive on Dec 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death aplastic anaemia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 73D

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 59 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Dodge City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Bluff City Shoe Company

MOTHER FATHER { 12. Name George Cookingham

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Miranda Diviney

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lulu Wilson

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 12/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director W. Craven Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-14-48 (b) W. C. Madachey
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature W. Craven Smith (M. D. or other) _____

Address Hannibal Mo Date signed _____

See 11-48

USE 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 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 the above constitutes grounds for revocation of license.)

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